

NEBRASKA



Health and Human Services System

CHILD AND FAMILY SERVICES REVIEW

STATEWIDE ASSESSMENT

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On Site Review
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Statewide Assessment Instrument

NEBRASKA'S STATEWIDE ASSESSMENT FOR THE CHILD & FAMILY SERVICE REVIEW

Section I - General Information

Name of State Agency	
Nebraska Department of Health and Human Services System (NHHSS), Department of Services, Protection and Safety Division	
Period Under Review	
Federal Fiscal Year for Onsite Review Sample <u>FFY 2001</u> Period of AFCARS Data: 7/01/01-9/30/01 Period of NCANDS Data: 4/1/01-11/30/01	
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*Note to Reviewers: Throughout this document you will encounter several references to the **Nebraska Family Portrait (NFP)**. The NFP is a comprehensive, time-sensitive action plan designed to strategically*

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guide the work of Nebraska Health & Human Services System (NHHSS) staff in the provision of Protection & Safety (P&S) services to Nebraska's families and their children. This four-year plan, containing 202 activities, was initiated in July of 2001 and was presented to over 200 stakeholders at a meeting that month. Since that time, 41 informational meetings have been held in 27 communities across the state. The NFP is based on a logic model that achieved dynamic results for children and families in other states. It is our sincere belief that Nebraskans can and should expect improved care and more efficient use of resources as a result of the NFP and Child and Family Services Review (CFSR) efforts.

The NFP was based on the efforts of many individuals and work groups that have met on issues in P&S over the last several years. The work groups included internal and external stakeholders from across the state. The NFP was then developed through a process of HHSS staff synthesizing and analyzing the work group's activities and adding their assessment in the areas of Information Systems, Case Review, Quality Assurance, Service Array, Agency Responsiveness to Community, Staff & Provider Training, Foster & Adoptive Parent Licensing, Recruitment and Retention, Community Safety and Safety Outcome, Permanence, and Well-Being.

Section II – Systemic Factors

A. Statewide Information System Capacity

1. *Discuss how effectively the State is able to meet the State Plan requirement that it operates a statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

I. Capacity Overview of N-FOCUS as Nebraska's SACWIS

While the Nebraska Family Online Client User System (N-FOCUS), Nebraska's automated SACWIS system, is emerging as a valuable tool for staff, providers, and policy makers who rely on P&S information to carry out their roles and responsibilities for children and families, it is a continuous work-in-progress. Changes to policy, regulations and Protection & Safety (P&S) practices at local, state, and national levels require system and user adaptations on an ongoing basis. The basic structure of a federally compliant SACWIS is present in N-FOCUS, however there are ongoing improvements and enhancements that need further analysis and action.

One of the biggest shortcomings noted by the P&S system is that workers in the field are inconsistently entering data onto N-FOCUS. Another identified weakness is incomplete integration of Office of Juvenile Services (OJS) data components to the N-FOCUS system since the OJS merger with Child Welfare (now known as the Office of Protection & Safety). N-FOCUS was primarily designed for Child Welfare information. Resource limitations have restricted NHHSS's ability to build system logic for OJS data needs, however we are moving in this direction as resources permit.

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Because N-FOCUS has been evolving, there has been a tendency to make excuses for data inaccuracies. It is a strong desire that we reach a point where N-FOCUS is collecting and reporting reliable information that staff and other stakeholders can feel confident about and can set as the state baseline.

II. N-FOCUS Background

The Nebraska Health and Human Services System (NHHSS) Protection and Safety system (P&S) transitioned from a Legacy mainframe information system in 1997-1998 to N-FOCUS. N-FOCUS serves as the Statewide Automated Child Welfare Information System (SACWIS) and is capable of collecting and reporting federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and voluntary National Child Abuse and Neglect Data System (NCANDS) data, as well as other information and electronic communications which is useful to supervisory and administrative staff responsible for decision-making and quality assurance.

N-FOCUS serves the data needs of the P&S and a host of other NHHSS divisions and programs such as Temporary Assistance to Needy Families (TANF), Medicaid, and Employment First. The system is composed of three major design areas: *Client Information Management*, *Resource Information Management*, and *Payment Information Management*. The system interfaces with several federal information systems to facilitate ease of data transfer and reporting.

By building onto the N-FOCUS foundation, Nebraska's SACWIS became the first fully integrated system in the nation. It is designed to enable workers to carry out the child welfare casework process in an efficient manner and to help them make decisions for children and families from a more informed basis.

III. Data Collection Procedures, Requirements, and Tracking Capacity

1. Intake – Staff capture data regarding initial contacts on the Detail Intake, Allegation and related Narrative screens of the N-FOCUS system. Demographic information is entered on the Person Detail and Person Demographic Data screens for each involved person. N-FOCUS allows for collection of socioeconomic information used in determining eligibility for financial assistance. Periodic alerts are generated by the system to remind workers to re-determine eligibility at appropriate times.
2. Screening – New Intakes are automatically assigned to the local office having primary responsibility. Designated staff review all information contained in the Intake and make a determination as to the necessity for agency involvement.
3. Investigation and Assessment– The N-FOCUS modules of Safety Evaluation, Safety Plan, and Assessment allow staff to collect and record investigative information related to cases requiring further assessment after initial Intake is completed.
4. Service/Case Plan – Case plans are also managed through N-FOCUS. In February 2001, improved Case Plan and Court Report documents were made available on N-FOCUS per recommendations of the federal SACWIS Review and the Case Planning & Goal Setting Workgroup. Workers are required to create and maintain all case plans on N-FOCUS; however it is acknowledged that at the present time, this requirement is not consistently met across the state.

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Service Authorizations are created which list the approved duration and frequency of services that are linked to Case Plan Goals. The Case Plan tracks and reports the ongoing progress of goals and their completion as well as services authorized to assist in accomplishing identified goals.

Case Review and Monitoring of Case Plan Services is another functional element of N-FOCUS. The system generates alerts for case review by both the worker and the supervisor at designated intervals. Reassessment decisions and needed action items are prompted for each electronic case folder.

5. Resource Management – N-FOCUS supports the collection and maintenance of all provider information. Provider licenses may be created, revoked and closed on the system. Provider recruitment, training, child placements, and monitoring are recorded in N-FOCUS.

The system also contains a resource directory referred to as the Service Catalog. This catalog is a list of all services that may be available to a client based on eligibility criteria. Workers are able to query the system by the type and location of services needed for the child and family. The Provider Matching function generates a list of available out-of-home placement alternatives for children.

Service provider compliance to contractual agreements for client services is supported and monitored by N-FOCUS. A data link is created between the contract, client eligibility, and Claims Processing functionality of the system.

6. Court Processing – Documentation of legal issues, orders, and other related activities is logged in N-FOCUS. System alerts provide timely notice to workers of scheduled court hearings so that reports can be prepared and stakeholders can be notified of upcoming legal activities.

7. Financial Management – Claims processing is a function of N-FOCUS. For payments to providers, the system user creates a Service Authorization documenting the term of service, costs, and billing method. Payments are issued based on this information. For accounts receivable, the system processes overpayments and collections due to budgeting errors or monies paid in excess of services rendered.

8. Administration and Reporting– N-FOCUS provides employee management functions including a) current information on all staff (except demographic information and criminal background results); b) listing of case and other assignments for each staff position; and c) staff roles in each assignment. These functions assist both the worker and supervisors to manage workloads and track assignments.

N-FOCUS does not provide for on-line input and tracking of staff training needed or received, nor does it support the review and evaluation of staff performance. Rather, this information is part of physical and electronic files maintained by Human Resource for all NHHSS employees.

Numerous reports are available through N-FOCUS. The Administrators, Managers and Supervisors in P&S utilize these reports to manage the work and make necessary changes. The Protection and Safety system is dedicated to making data based decisions and is working to enhance the understanding of the data at all levels. The system generates all of the following reports:

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- ✎ AFCARS and NCANDS information /reports; used federally for the report to Congress and by the NHHSS Central Office to manage data quality
- ✎ Intake Summary Report (for workers and supervisors)
- ✎ Quarterly Allegation Summary Report
- ✎ Allegations without Findings Report
- ✎ Allegations with 'Petition to be Filed' Finding Report
- ✎ Child Abuse/Neglect Activity Report
- ✎ Case Read Report
- ✎ Children and Family Services Program Count Report; used by Central Office and Service Area management to assess workload issues and to provide information to stakeholders such as the legislature, media, and community groups
- ✎ Foster Care Review Board Report; used by the FCRB to track demographic and placement changes for children in the care and custody of NHHSS
- ✎ Placements in Out of State Facilities Report
- ✎ Experiences of Children in Out-of-Home Care Report; used by the Central Office and Service Area Management to look at trends for children in out-of-home care
- ✎ Budget Expenditure Report
- ✎ Family Expenditure Report; used by front line staff in demonstrating to the court and other stakeholders the amount of money spent in assisting families achieve goals
- ✎ Adoptions Finalized Report
- ✎ Foster Care Recruitment, and Dually Licensed Homes (Parts 1 and 2)
- ✎ Supervisory Review Report
- ✎ 15 of 22 Months in Out-of-Home Care Report

The following three reports (taken from the above-list) are used for permanency planning reviews and 12-month permanency hearings:

- The Supervisory Review Report lists the most recent Disposition, Review and Permanency Hearings. This information along with data regarding the number of months that a child has been in out-of-home care allows Supervisors to determine when or if another review is needed.
- The 15 of 22 Months Report lists by county, all of the children who have been in out of home placement for the most recent 15 of 22-month period. It also shows the child's current placement and when the most recent permanency hearing was held.
- The Court Report also captures review and permanency hearing information, which is sent by P&S workers to the court. The Court Report outlines the status of the child and family and helps the court make recommendations on how to achieve the permanency objective. Two alerts within the N-FOCUS system provide notice to workers of upcoming permanency and review hearings.

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IV. Functionality Assessment

A. Meeting Core Objectives

The N-FOCUS system provides an array of functions that meet and in some areas exceed federal SACWIS requirements. The core objectives met by N-FOCUS statewide include:

- Supports a consistent intake and investigation function
- Provides on-line risk assessment
- Provides a structured service planning and delivery process, incorporating case review and planning requirements
- Assists workers in assessing children's needs or resource availability immediately, providing an improved case management function
- Supports a case tracking and control process to help in meeting case review and time requirements consistent with federal and state regulations and best practice concepts
- Encourages a structured case review process
- Supports provider management to reduce manual efforts required in performing such functions
- Provides workload management support
- Provides financial management functionality
- Improves management reporting
- Supports the reuse of data and reduction of work redundancy
- Supports HHS policy and practice
- Encourages uniformity across the state

B. System Use Training

Comprehensive Pre-Service and ongoing periodic training on N-FOCUS is provided to all P&S staff in direct, supervisory, and administrative roles. Training unit summaries are subcategorized as follows:

- Overview of the System – basic functionality and operations
- Intake/Allegations – documenting all Child Welfare related contacts
- Adding a Child and Family Services (CFS) Program Case – adding a CFS case to a Master Case already in the system
- Safety Evaluation, Safety Plans and Assessments – data management related to Safety Evaluations, Safety Plans, and Assessments, including Narrative sections
- Tie Intake – creating links between any closed Intake and a CFS Program Case
- Case Plan – documenting permanency objectives for children and viewing, creating, updating and closing goals for individuals and families
- New Case Registration – adding a Master Case to N-FOCUS
- Organization Maintenance & Resource Management – search/view organizations (foster homes, group homes, service providers), licensing/approval of placement facilities; and matching children to placement facilities
- Service Approval – searching and viewing Service Approvals

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- Removal & Placement –documenting a child's removal from the home and appropriate out-of-home placement
- Service Referral –/documenting customer referral to a specific service provider(s)
- Service Authorization –authorizing and payment of service providers
- Professional Relationships –documenting customer association with legal, medical and mental health professionals
- Visitation Plan – viewing, creating, updating and finalizing visitation plans
- Legal Actions – documenting court hearings and results; creation of Court Report
- Person Maintenance – maintenance of personal information about customers
- Case Maintenance – how to proceed once a case has been loaded onto N-FOCUS – updating and closing case information
- Alerts – electronic reminders to staff sent by the system or by staff to themselves
- Correspondence – electronic creation and retention of letters and documents

In January 2002, monthly pre- and in-service training, which includes specific sessions on N-FOCUS, was initiated via the NHHSS training contract with the University of Nebraska Lincoln (UNL) Center on Children, Families and the Law. Specific N-FOCUS training ranges from two hours to five days. Pre-Service training sites are scheduled to occur in Scottsbluff, Kearney, Lincoln and Omaha in 2002. In-service sessions will be offered in each of the Service Areas at sites requested by the Service Area. Both group and individualized training formats will be used. This monthly schedule of N-FOCUS training was developed in response to worker and supervisor expressions of need for more intensive and continuous instruction concerning N-FOCUS use and capabilities. Trainee response to improved N-FOCUS training thus far, is favorable. Workers report that the combined Desk Aid (an N-FOCUS navigational guide) is very helpful to their data entry work.

C. SACWIS Compliance and Quality Improvement Issues

Nebraska experienced a period of non-compliance in 1998-1999 of AFCARS data submission to the federal office. Data from the previous Legacy mainframe was not converted to the new system, which caused Nebraska to fail in the AFCARS submission in several areas. The N-FOCUS system has overcome its initial transition challenges and is now generating compliant biannual AFCARS reports and annual NCANDS Child and Agency Files to the federal office.

The Federal HHS Regional Office completed a SACWIS/AFCARS Combined Review in June 2000; the first of its kind in the nation. In October 2001, Nebraska submitted its response to SACWIS issues identified during the review. We are in the process of formulating and implementing changes to the AFCARS per recommendations made during the June 2000 Review and will be working with the Regional and NHHSS Central Office staff to establish AFCARS compliance.

i. SACWIS Review Recommendations ~ Review recommendations for improvement to N-FOCUS were noted by ACF reviewers in consultation with all levels of P&S workers and are being addressed by the State in the following areas:

- Increase through training, the knowledge, skills and abilities of staff who input and use P&S data at the local level.

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- Establish realistic timelines and standardize, in policy and practice, case procedures (response time to referrals, assessment, etc.).
- Continue efforts to minimize paper documentation and increase worker use of N-FOCUS.
- Improve utilization of the N-FOCUS generated Supervisory Review Report to track case assignments and manage workload issues.
- Expand reporting capabilities of the system.
- Enhance N-FOCUS to include appropriate edits and exception reports to ensure that staff are using the system to assess risks at appropriate points in the life of a case.
- Eliminate redundant data entry steps throughout the life of a case.
- Develop methodologies to separate diagnosed conditions from observed characteristics in the special needs identifier for a foster care child.
- Provide a single point in the system where workers can view all narrative descriptions.
- Enhancements to ensure correct processing and periodic updating of P&S eligibility.
- Improve Case Plan and Court Report functionality on N-FOCUS.
- Remedy discrepancies between Foster Care Review Board and NHHSS-P&S data sets to promote more accurate case review and evaluation processes. *(See (*) below for a detailed explanation of this compliance issue received from federal HHS)*
- Improve automated recording of client collateral contacts and results of those contacts.

(*) The response NHHSS-P&S received from federal HHS ACF concerning the operation of two separate information systems for case review evaluation purposes is quoted as follows:

“ Case Review/Evaluation – Goal: To provide automated support for the administration of timely reviews, either internal to the agency or with the input of the judicial system, to insure that services are progressing toward the stated outcome; to determine if additional services are to be provided; and to evaluate the time frames and the outcome since the services/case plan.

Finding: The N-FOCUS system does not support the Case Review and Evaluation process. The process is supported by a system that is external to the N-FOCUS system.

Requirement: The State must modify the system to support this SACWIS functional requirement.

ii. Other Improvement Issues Identified Through the State Assessment Review Process ~ Nebraska P&S has sought ongoing input concerning information system capacities from direct service and supervisory staff, community partners and service providers who rely on data and information for their decision making and action processes, and from state level policy makers whose authorities and responsibilities affect system resources and procedures. Results from focus groups, advisory and work team discussions, and studies of P&S information management, have revealed the following other issues related to continuous quality improvement of Nebraska's SACWIS:

Need:

- ~ more complete and timely entry of data into the system; enhance staff training and time/personnel resources
- ~ additional financial resources to fully develop the system's functional abilities
- ~ additional financial resources to upgrade computer hardware across the state
- ~ faster Internet connectivity for some computers, especially in rural areas

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- ~ full integration of Office of Juvenile Services data requirements to N-FOCUS operations
 - ~ additional interfaces with other systems, including Probation, Education, and child death data systems (Vital Statistics and Child Death Review Team tracking)
 - ~ to examine and plan for potential impacts of HIPAA (Health Insurance Portability and Accountability Act of 1996)
 - ~ to continue to eliminate statutory and other barriers to sharing data with key stakeholders
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B. Case Review System

1. How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?

I. Case Plan Effectiveness Summary

Nebraska continues to strengthen the case planning and development process. Increased attention to assuring that every child has a written case plan has occurred through development and implementation of a specific Case Plan and Court Report training curriculum for staff, administrative directives to complete Case Plans on the N-FOCUS system, and improved efforts to involve families and direct care providers (therapists, foster parents, etc.) in case plan preparation and monitoring.

The overarching case plan concerns as expressed by CFSR Advisory Team members are that: 1) case plans are inconsistently completed and are not being entered in a timely manner on N-FOCUS, 2) Safety Plans that are being used in lieu of a complete case plan in some situations are inadequate and need to be re-designed, 3) families, foster parents, and service providers and advocates instrumental to case plan development are not being included in the planning process to the greatest extent possible – including a concern that Family Assessments may not be occurring consistently or being documented, and 4) legal and judicial officials in some areas of the state find case plans incomplete.

II. Nebraska Case Plan Policy and Procedures

Nebraska Administrative Code (NAC) describes the case plan policy as follows: (390 NAC 5-004.02) “Workers will provide the child and family with opportunities for change by helping them to identify positive outcomes and to set goals that address the problems that place the child at risk of maltreatment, re-offend, and which also address the issues that brought the child or family to the attention of the agency. The overall goal in child welfare cases is to reduce or eliminate the risk of maltreatment so that parents can protect their children and meet their developmental needs. The overall goal in juvenile services cases is to reduce or eliminate the risk of re-offending consistent with community safety.”

Written case plans are to be developed following assessment of family and child strengths and needs. Case plan evaluation and revision is to occur at least every six months or as circumstances warrant – such as when placement or legal status changes. Written court reports that incorporate case plan elements are required to be submitted to the court at least three days before the initial dispositional hearing or any subsequent review hearing. CFSR Advisory Team members state that this timing varies greatly across the

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state. In one court jurisdiction in northeast Nebraska, court reports are due within 30 days of the scheduled hearing, while in other areas the court report is first seen the day of the hearing.

Nebraska policy requires that the P&S worker seek active involvement in case planning from the child, family, and providers serving the child's/family's needs. One promising practice in this area was initiated in 2000. Family Group Conferencing (FGC) was piloted in three of Nebraska's 93 counties with expansion plans incorporated into the NFP. Effective July 1, 2001, NHHSS-P&S initiated contracts with providers in each service area to provide FGC services. Each service area was allotted 24 cases to be used in fiscal year 2002. To date, 82 cases have been referred to this service and 56 conferences have been completed.

The FGC model consists of a facilitated meeting involving the family, service providers, and the children themselves, if appropriate. An assigned FGC Coordinator is responsible for contacting all the people who will be involved, informing them about the meeting and their roles within the meeting, gathering necessary information, setting up the conference, and facilitating the actual meeting. FGC meetings are held before an initial plan is finalized, prior to the required six-month review and revision date, and more frequently as needed. While this practice is not yet widely used across the state, it has received favorable response from individuals involved with its use and is being promoted as an effective method of involving key individuals in the case planning process.

III. Case Plan Contents

The case planning process is defined in 390 NAC 5-004.02B and summarizes required plan contents:

- Focus on the problems identified in the assessment of the family and youth,
- Identify a permanency objective,
- Establish and prioritize goals,
- Identify the action steps needed to reunite the family or to prevent out-of-home placement,
- Use the family's resources,
- Build upon the family's and child's strengths,
- Develop or maintain family responsibility,
- Identify who is responsible for tasks,
- Establish time frames for achieving case goals, projected discharge and case closure,
- Establish an evaluation process to assess whether outcomes are being achieved.

Essential components of a Case Plan include specific information concerning *goals, tasks, services and progress*. This information indicates the frequency and term of service provision, when goals are to be achieved, and when reviews of progress will occur.

Concurrent planning is encouraged as an important tool in effecting permanency for children. It is the process of developing and implementing a plan to reach one permanency objective while simultaneously developing a plan to reach an alternative permanency objective. Concurrent planning is a tool that

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weaves together attachment theory, respect for families, honesty, and openness into a comprehensive and culturally sensitive approach to permanency planning for children. Concurrent planning is not

appropriate in every case, but is considered whenever it is likely that a permanency objective will not be obtained within a reasonable length of time. Concurrent planning can occur at any time in a case, including at the time a child enters care. The P&S worker, in consultation with the supervisor, must consider its use as a possibility at each of the following points in a case:

- at initial assessment
- during the family assessment
- each time the case is reviewed

In general, if a permanency objective of reunification cannot be reached, or is unlikely to be reached within 12 months, concurrent planning should occur.

Special Considerations in Case Plan Development ~

- a. For Native American Parents – P&S workers are to use tribal social services whenever possible when working with Native American parents and children. Case plans and service provision is to be based upon social and cultural standards of the tribe. The Indian Child Welfare Act Compliance Review completed in July 1999 cited the following deficiency in this case plan area: “When developing a case plan, sixty-four percent (64%) of the cases reviewed revealed that the worker did not do so with the assistance of the parent/custodian or involved the use of tribal or community resources.”
- b. For Juvenile Services Cases – Case plans for juvenile offenders in out-of-home care are based on factors which are most closely related to the possibility of the child reoffending. Case plans for status offenders address the issues which brought the child to the attention of NHHSS. Child and Family Services Review (CFSR) Advisory Team members commented that parent involvement is not occurring with juvenile case planning and that improved efforts in this regard need to occur. Behavior contracts are entered into with youth involved in juvenile services. A Conditions of Liberty Agreement is an addendum to the Case Plan for juvenile offenders on parole in the community and a Youth Responsibilities Agreement supports the Case Plan for status offenders. These agreements describe rewards and consequences associated with compliance of mutually agreed-upon Case Plan outcomes.
- c. For Wards Aged 16 Years or Older – Case Plans for youth who are age 16 or older include written goals and strategies describing programs and services designed to assist the ward acquire independent living skills.

IV. Requirements that Case Plans Reflect Family-Centered Approaches

Nebraska believes that case planning efforts will be unsuccessful if the family isn't involved in the process. Active involvement of the family begins during the assessment stage and continues in the planning process and throughout the state's involvement with the family. Family member involvement is essential because the family is much more likely to become engaged in the change process if they feel

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some ownership to the goals and actions. Nebraska's Case Management Guidebook identifies family centered approaches to be used for the development of effective case plans in cooperation with families.

These approaches translate to direct family involvement in the case plan, which is discussed in more detail in the next section of this report.

V. Case Plan Compliance Assessments

A. Federally Conducted Assessment of Case Plan Compliance

Nebraska participated in a combined AFCARS and SACWIS Review in June 2000. Federal HHS ACF Region VII personnel and consultants conducted the review. This review indicated a need for further evaluation of Nebraska's implementation of the Case Planning process on N-FOCUS. It was determined that front line staff were not entering Case Plans on N-FOCUS. On 02/12/01, Chris Hanus sent a memo to staff; P&S Co-Administrator, stating that all staff are required to enter their Case Plans on N-FOCUS. This directive was supported with additional staff training to improve understanding and use of N-FOCUS as the case plan instrument.

Since the federal review in June 2000, changes to the Case Plan and Court Report have been made to comply with new Adoption and Safe Families Act (ASFA) requirements and appropriate training for staff was conducted. Improved Case Plan and Court Report documents were made available on N-FOCUS on February 12, 2001. System users may generate the Case Plan on N-FOCUS at any time. When applicable, the plan is linked to the court hearing that either approved or modified the original plan submitted by the P&S Worker. Appropriate reports related to each Case Plan are generated via N-FOCUS, e.g. the 15 of 22 Month Report to county attorneys, the Court Report, the Foster Care Review Board (FCRB) Report, and a new Supervisory Report.

Federal reviewers noted a policy and practice discrepancy concerning worker/supervisor approval of Case Plans. State policy allows workers to independently approve each Case Plan, however actual practice also includes supervisor approval. The state is addressing this concern by enforcing the policy that allows the P&S Worker to independently approve Case Plans.

AFCARS data from the federal Point-In-Time Permanency Profile reveals that 69.8% of case files in 1999 and 54.1% in 2000 lacked Case Plan Permanency Goals for Children in Care. A review of FY2001 preliminary data indicates that this should improve another 12% over 2000 figures.

Federal HHS review of this data element indicated that a percentage in this range tends to imply that the State may be using a default of "not yet established" in its database, probably with the understanding that it will be changed to a real goal as soon as one is established. In Nebraska's case, it appears that the real goal often fails to get entered into the N-FOCUS system. During the Statewide Assessment process, it was determined that this is a worker issue that may be addressed through better training on the importance of establishing and recording permanency goals, and by helping workers and supervisors identify this record deficiency through improved use of N-FOCUS reports in the field.

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B. Nebraska Foster Care Review Board Assessment of Case Plan Compliance

The Nebraska State Foster Care Review Board (FCRB) is an independent state agency charged with ensuring that the best interests of children in out-of-home care are being met through external citizen

review, monitoring facilities that house children and youth, maintaining up-to-date data on a statewide tracking system and disseminating data and recommendations through an Annual Report.

The FCRB is mandated in its annual report to analyze conditions for children and youth in foster care. This analysis is based on local board case reviews, input from local and state board members, and input from other stakeholders. In its 2000 annual report, the FCRB identified the following Case Plan concerns and recommendations:

CONCERN: Due to case manager turnover and other factors, in many cases either no plan existed or the plan was out-dated. In other instances, the plan was found to be incomplete and failed to clearly establish actions and timeframes for service provision.

During the year 2000, 2,031 of the 3,648 children reviewed by the FCRB (55.7%) had complete written permanency plans. Of the 1,617 children without complete permanency plans, the local FCRB's found that 699 children had no current plan, 129 children had only verbal plans, 24 children had more than one plan, and 765 had incomplete written plans missing one or more essential elements.

RECOMMENDATIONS and RESULTANT ACTIONS:

- *All parties to the case should insist that a complete and current permanency plan is in place for each foster child they encounter in their work.* In February 2001, the P&S Administrator issued a memo to all staff mandating that all case plans be written and updated on the N-FOCUS system in a timely manner.
- *Case Managers (P&S Workers) should receive supports necessary to ensure they have adequate time to prepare thorough permanency plans.* This was determined to largely be a caseload issue for workers. In response, The NHHSS Director of Services authorized the forward-filling of 60 P&S staff positions as a proactive approach to dealing with staff turnover and absences to assure that trained staff are in place to assume direct service work as needed. Although these were not permanent positions, they were helpful in alleviating the immediate crisis of vacant positions in the Service Areas.
- *All workers providing case management services for children in out-of-home care should be trained to write and administer complete permanency plans.* A detailed training curriculum has since been developed and provided to all P&S workers via pre- and in-service training.

The case review process conducted by the FCRB also cited the lack of permanency goals in child records. Based on their findings, the NHHSS P&S Division worked diligently over the past year (2001) to improve worker compliance with entering permanency goals in each case. We believe that year 2001 AFCARS runs will reflect state efforts to remedy this problem. Therefore, the case review process worked effectively in identifying a key problem area that has resulted in efforts to improve permanency planning and outcomes for children in the state's care.

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A two-year comparison of some elements in case review findings conducted by the FCRB follows:

Review Element	% in 1999	# of children in 1999	% in 2000	# of children in 2000
There is a written permanency plan with services, timeframes, & tasks	50.4%	1,934	55.7%	2,031
The Board agrees with the child's permanency plan	43.2%	1,657	41.1%	1,499
All services in the plan are presently in motion	41.4%	1,586	42.1%	1,534
Current placement is appropriate and safe	54.7%	2,099	65.2%	2,380
The Board finds that the Dept. or agency with custody has evaluated the safety of the child and has taken the necessary measures in the plan to protect the child	56.6%	1,906	61.8%	2,254
Progress is being made toward permanency	27.9%	1,068	26.2%	957
Parental visitation arrangements have been made and allow adequate parent-child contact	35.5%	1,362	36.3%	1,324
Reasonable Efforts to return the child home are currently being made however there is a continued need for out-of-home placement	39.8%	1,525	42.5%	1,549
Source: Nebraska State Foster Care Review Board, Seventeenth and Eighteenth Annual Reports, December 31, 1999 and December 31, 2000.				

C. Other Case Plan Compliance Issues Identified During the Statewide Assessment Process

- (+) FCRB provides good reviews for quality assurance with Case Plans
- (+) Case Plans/Court Report format is consistent statewide
- (+) Efforts to expand the use of wraparound, Family Group Conferencing and mediation as best practice approaches to case planning
- (-) Providers would benefit from having copies of the child's Case Plan
- (-) A tribal representative reports that tribes often are not given children's case plans. This and other issues have been identified that point to a communication gap that exists between the Tribes, the FCRB, and NHHSS-P&S related to case reviews.
- (-) Court received case plans are often 'boiler-plate' and do not share enough case-specific information for judiciary to make informed decisions
- (-) Staff and providers would benefit from more training on wraparound and Family Group Conferencing to support the planning process

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2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participating in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

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I. Effectiveness Summary of Parent Involvement in Case Planning

While Nebraska policy clearly states the expectations of parent involvement in case planning, actual practice does not always meet these expectations. Strengthened efforts need to occur in order to fully engage parents in case planning activities.

II. Policies and Practices of Family Involvement in Case Planning

390 NAC 1-001 *Overview of Child Welfare and Juvenile Services, Philosophical Basis*, requires that “family-centered services to protect children from abuse and neglect, to improve conditions in families that place children at risk, and assisting youth to be productive and law-abiding citizens” are provided through Nebraska’s Child Welfare and Juvenile Service programming. Core values and beliefs related to family involvement state that:

- Children grow best in families, which are the cornerstone of society.
- Every family and individual is unique and has basic rights and responsibilities.
- The strengths of families, children, and communities should be identified and supported, and all efforts should build on these strengths.
- All people we serve are equal and are afforded respect and dignity.
- Services are provided in a collaborative manner with families.
- Families are empowered through acceptance of their responsibility; opportunity to fulfill their roles; access to resources to meet their needs; recognition and enhancement of individual and family strengths; and ability to make choices.

Within Nebraska’s Case Management Guidebook and Case Planning Training Manual, six steps are provided to help workers involve families in case planning:

Step 1: The worker actively involves the family in the planning process by facilitating the development of a therapeutic alliance between the family and the worker. The case plan must provide evidence that the family’s feelings and concerns have been heard and applied. The worker promotes the family’s investment in the intervention process by empowering them to take necessary actions to change causal factors contributing to child out-of-home placement.

Step 2: The family and worker select reasonable and achievable goals and tasks that address identified risk factors. The worker assures that goals and tasks are stated in a way that the child’s/family’s strengths are built upon and that permits measurement of progress. Clear and understandable language is used to specifically identify tasks so that families clearly know what is to be done within specific timeframes. The worker also helps the family identify incremental, quickly achievable (within a two-four week period) tasks that are viewed as priorities by family members. This helps the family realize a quick return on their time and energy investment and promotes commitment to longer-term goals.

Step 3: The worker makes efforts to continuously recognize and reinforce family efforts; acknowledging their achievements throughout the life of the case plan.

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Step 4: Documentation of what each participant in the plan (family members, the worker, other service providers, foster parents, and other involved persons such as relatives) contributes and when.

Step 5: Families and other team members help to decide how achievements and goals are attained. Family members and the worker establish Case Plan review dates when they will meet as a team to discuss progress and need for revisions.

Step 6: The worker documents the case plan in writing, requesting that the child (if age appropriate), parents, and service providers sign the written plan. This creates a working agreement between the family and worker. The family receives a complete copy of the written case plan for their own reference.

P&S Workers receive specific training related to family involvement in case planning. Workers are taught to listen attentively to each family member's wishes and concerns, to actively involve and seek consensus from family members in developing and prioritizing goals and which tasks should be addressed first, and to assist the worker in determining how they will accomplish selected goals.

A Checklist for Developing Case Plans is available for workers and supervisors to use when evaluating the thoroughness of each plan created. This checklist is found in the Goal Setting and Case Planning Procedure Changes and Training Workbook, published 09/05/00.

Other practices that are used to help families fully participate in case planning include:

- Workers conduct assessments and case planning in the parent's home whenever possible and transportation assistance is provided to the family when other sites are the location for planning meetings
- Workers make frequent contact via face-to-face meetings and telephone conversations with parents and foster parents – weekly contact is typical during assessment/planning phases
- Meeting times are arranged to afford working parents ample opportunity to participate
- Family advocates, such as representatives from the Nebraska Federation of Families for Children's Mental Health and parent attorneys, are welcomed to attend all planning meetings
- Parents and foster parents are provided brochures, handbooks, and other materials informing them of their rights to be involved in and determine the direction and results of case planning
- Parents and foster parents are provided language interpreters at the state's expense

It was noted by CFSR Advisory Team members that these are for the most part, promising practices that are currently more aspirational than actual practice.

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3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.*

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I. Effectiveness Summary of Child Reviews

NHHSS staff that assessed the area of case review and recommended strategies for the NFP, and the Statewide Assessment Advisory Team, summarized areas of concern and strength regarding case review timeliness as follows:

- While in the past some courts weren't conducting timely hearings, as of 1/9/02 all courts were meeting both federal and state hearing requirements; however continuing education and information needs to be shared with legal and judicial officials – especially regarding the importance of timely Permanency Plan Review Hearings and Reasonable Efforts Findings
- The FCRB has implemented improved case review processes promoting timely completion
- NHHSS-P&S believes that having one shared data repository and tracking system between the FCRB and NHHSS would improve case review timeliness. It is acknowledged that the FCRB disagrees with this statement, noting that the data systems exist independently of on another by statute, and that N-FOCUS records, along with court and other supplemental documentation are used by the FCRB to develop case scheduling.
- The absence of complete case plans in child records thwarts efforts to use the case review process for improving permanency outcomes for children.

II. Policies and Practices for Conducting Reviews

Nebraska Administrative Code 5-006, *Case Evaluation*, requires all child welfare cases to be reviewed at least once every six months. For juvenile services cases, classification is completed every three months and connects to the overall case plan. NAC also requires that periodic review of cases involving children in out-of-home care include one person who is not responsible for service delivery, with the FCRB reviews meeting this qualification.

Designated Review Agency: In Nebraska, the FCRB is the agency designated to conduct IV-E reviews for children in out-of-home care every six months. The FCRB is an independent state agency not directly affiliated with the judicial branch nor the Department of Health and Human Services.

A volunteer State Board that is appointed by the Governor and approved by the Legislature governs the agency. The State Board oversees the agency, whose staff facilitates 63 volunteer local boards in communities across the state; manages the FCRB's independent tracking system with an extensive database of children in out-of-home care; and facilitate the FCRB reviews which focus on safety, permanency, and child well-being. The local boards consist of citizens from diverse backgrounds and professions (education, foster parents, pediatric health care, etc.). Background checks are completed for all applicants and formal training is completed with each new member. After the initial board member training, continuing education programs are periodically offered across the state.

FCRB staff members schedule the reviews, obtain information from the NHHSS-P&S case file, notify parties of the review, facilitate the local board meeting, and complete the local board recommendation document on behalf of the local board members. Local board members thoroughly examine all documentation presented on the cases and make findings and recommendations with rationale according to state and federal statute and regulations, and with the protocol of the FCRB.

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Court Reviews: Courts are also required to review children's cases every six months. Whenever possible, the FCRB coordinates its review date with the court review date so that the FCRB's formal recommendation report is sent to the Court prior to the court review hearing.

Review Scheduling Information: Information used for scheduling reviews is housed on the FCRB's database. There are several sources for this information. N-FOCUS also generates daily FCRB Reports to advise the FCRB of children entering care, changing placement/case management, returning home or otherwise leaving care. Other information sources include court documents, FCRB review documents, documents from certain facilities, and documents obtained while verifying children's status.

Determining Which Children To Review Each Month: The FCRB currently has 63 regional boards located in communities across the state, which enables the local review of children in out-of-home care. The process of determining which cases to assign for review begins with the FCRB generating a computer printout from the FCRB tracking system that lists all children from each area. The FCRB case assignment coordinator then selects the cases to be reviewed for the month according to established priorities.

Courtesy Letter Sent: After determining which children will be scheduled for review, the FCRB sends a courtesy letter 2-3 weeks in advance of the review to the local NHHSS office, listing the children's names and identifiers so that children's files can be updated and made available to the FCRB staff for review.

FCRB Obtains File Information at Local NHHSS Offices: FCRB staff conduct the file review at the local NHHSS office that is providing services to the child. At the file review, FCRB staff obtain pertinent documents and names/contact information for interested parties so that they can be notified of/involved in the review, verify and record key information, check narratives to assess case progress, and attempt to speak with the P&S workers about the child's case.

Parent and Interested Party Notification of Reviews: The FCRB issues letters inviting parents and other parties to the FCRB case review. Parents whose parental rights remain intact are invited to every review. Whenever possible, siblings are reviewed at the same meeting to facilitate parental and other participation in the review, and to enable the board to consider all facts that are known about the family that might impact child outcomes.

Legal and other parties (e.g. therapists, educators) are invited to at least every other review and may be invited to each review as necessary. File review generally takes place one to two weeks prior to the local board meeting to allow time for notifications letters to be processed.

Questionnaires are Provided: Interested parties are sent a letter notifying them of when the review will occur and are asked to return an enclosed questionnaire which asks each party in the case to explain the child's and family's current situation, identify the services that have been received or requested to date, and provide information about other issues related to progress toward the permanency goal.

Placements are Contacted: In the one to two weeks between the file review and actual board meeting/case review, FCRB staff attempt to make telephone contact with the child's placement to

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determine if the providers received initial medical and education information on the child and subsequent updates, and to get the placements' input on the case.

NHHSS Case Managers Contacted Again: P&S workers are also contacted again for the latest information prior to the local board meeting.

Local Boards Read Documentation: Local board members are provided copies of the documents obtained in the file review, completed questionnaires, and summaries of FCRB staff conversations with placement providers and case managers. The materials are thoroughly reviewed and members note items of concern or questions in preparation for the meeting.

Local Board Meeting Schedule: Local board meetings are held in communities across the state to promote interested party participation and to provide local input on the services array. Boards typically meet monthly. The board normally reviews six or seven family units.

Meeting Process: At the beginning of the child's case review, all participants are allowed to address the board. After the board hears from participants, it meets in closed session to discuss items noted during the entire review process. The board's formal findings and recommendations are recorded by FCRB staff in attendance and include items related to the safety, well-being and permanence of the child.

Local Board Findings and Recommendations Report: Following the meeting, a formal report of case findings, recommendations, and rationale is written and distributed to all legal parties to the child's case, including the court, the prosecutor, P&S worker, guardian ad litem, parent attorneys, and other parties of the record. The FCRB is required to report individual case review findings and recommendations to the court having jurisdiction over the child within 30 days following the review.

Data from the Review: Information from the formal review document needed for scheduling the next review and other information collected during the process is input onto the FCRB tracking system. This data is also used in the analysis of conditions for children reported in the FCRB annual report.

Outcomes Based Reviews: On the case level, if the local board has issues with the progress of the case or the child's safety, FCRB staff can undertake a number of actions, including:

- letters and/or meetings with the P&S worker, guardian ad litem, prosecutor or other legal parties;
- contacts with the P&S worker's supervisor;
- contacts with the area NHHSS P&S Administrator; and
- contact with the NHHSS Services Director.

In addition, the FCRB was granted limited legal standing in 1990 and may request standing based on any of the following conditions:

- Reasonable efforts were not made to prevent a child from entering care,
- There is no permanency plan, or the permanency plan is no appropriate,
- The placement is inappropriate,

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- Regular court hearings are not being held,
- Appropriate services are not being offered,
- The best interest of the child is not being met, or,
- The child is in imminent danger.

Due to the authority derived by the FCRB from the legal standing statute, many problematic cases have been resolved without involving the costly and time-consuming court process.

III. Compliance Data and Issues

Advisory Team members have identified the lack of reliable data and information as a significant barrier to achieving timely case reviews. Discrepancies between N-FOCUS and FCRB system information continue to emerge as a problematic issue. Actions have been taken to improve the situation, including appointment of an NHHSS staff liaison with the FCRB Lincoln office to help coordinate the two data systems and proposed commissioning of an independent study of the information gap between the FCRB and NHHSS so that discrepancies can be better understood and appropriately addressed.

FCRB data indicates that the percentage of IV-E eligible children reviewed on a timely basis is currently in the 96 percent range (based on 3/6/2002 data). The FCRB has built into the process essential steps to assure that children are known to be in out-of-home care, can be properly scheduled for review, and that their NHHSS-P&S files can be appropriately accessed. The FCRB and NHHSS are cooperatively working to identify and correct remaining problems associated with N-FOCUS documentation, and to identify local area child welfare system concerns.

The FCRB and the Courts have worked together to coordinate review schedules with upcoming court actions whenever possible. At the request of the courts, the FCRB clearly lists the local boards' top concerns for each case in a standard place in the review document.

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4. *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

The preceding question 3. response described Nebraska's policies and practices and compliance issues related to holding permanency hearings within prescribed timeframes.

Nebraska carries out court reviews in compliance with both ASFA and state statute. The process of initiating each child's court hearings varies across the state, based on local court protocol. In some areas the courts are diligent about scheduling required reviews, automatically placing court reviews on the docket and notifying involved parties in writing of the hearing. In other areas of the state, especially rural settings, the P&S Worker responsible for the case is expected to notify the court of upcoming court reviews for children in their jurisdiction. In practice, scheduling and notification of participants in court order hearings is a joint responsibility shared by the court and NHHSS P&S personnel.

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Within the past year, the State Court Administrator's Office worked in consultation with NHHSS P&S Division and Court Improvement Project personnel to construct a "Suggested ASFA Language for Court Orders" guide to assist the court process with 1) initial orders dealing with child removal, 2) follow-up court review occurring within 60 days after actual child removal from the home, 3) hearings held within 30 days of finding that no reasonable efforts are required (such as when termination of parental rights occurs), 4) permanency hearings occurring within 12 months of the child entering foster care (and annually thereafter), and 5) hearings required to occur within 30 days of the date at which the child has been in foster care for 15 of the last 22 months (15/22 hearings). This guide was mailed to all within the state's jurisdiction.

Tracking court hearing outcomes is managed largely through N-FOCUS. Workers input/update file information resulting from the hearing as provided in official Court Orders. The updated information prompts a new schedule of worker and supervisor alerts to monitor progress toward permanency goal attainment. Also, reports are generated and disseminated to applicable parties (county attorneys, P&S supervisors) to assist in timely hearings and movement of the child through the system.

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5. *Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, preadoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.*

During the Statewide Assessment process, concerns related to notification issues include:

- Getting review information out to the parties in a timely manner doesn't always occur
- In some areas, the courts rely on NHHSS workers to provide legal paperwork to providers
- Placement caregivers work schedules don't always permit them to attend reviews

P&S Workers, local FCRB's and county attorneys assume the majority of responsibility in notifying foster, biological, and preadoptive parents, and relative caregivers of case reviews and court hearings.

FCRB Notification:

The FCRB mails out an informational letter containing explanations of the importance of foster parent participation in FCRB case reviews to all foster parents of children in the state's custody. Believing that foster parents have important information concerning the child's case, they are asked to share case information/concerns on provided questionnaires that are mailed to them before each review. The questionnaire, discussed earlier in this narrative, provides updated information on children's physical care and education status, special needs, services provided to the foster parents, sibling and parental visitation, and an opportunity for foster parents to address other concerns they may have with the case. Toll-free and direct telephone numbers are provided for foster parent inquiries concerning case reviews.

NHHSS – P&S Notification:

P&S Workers notify case review stakeholders via telephone or during face-to-face meetings, *and* through written notices of upcoming reviews. The worker helps the placement caregiver to access respite or child care, transportation, or other needs that affect their ability to attend scheduled reviews or hearings.

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C. Quality Assurance System

I. Effectiveness Summary of Quality Assurance System

Nebraska currently has quality assurance pieces in place; however, a concerted effort is needed to integrate the disjointed approach into a seamless evaluation system that can be used to measure the quality of care provided, and outcomes realized, for children and families served through the Nebraska P&S system. NHHSS-P&S QA processes now measure results more concerned with efficiency in service provision than the outcomes or effectiveness of services delivered.

The FCRB is one essential piece of Nebraska's quality assurance system. Their statutorily defined purpose as an independent review entity is intended to help measure the efficiency and effectiveness of services for children and families involved in protection and safety services. A thorough description of their activities in quality assurance functions was described in the previous section.

A staff person has been assigned within the Office of P&S as a specialist in Quality Assurance and it is a focus area within the NFP. Numerous activities have been identified to fully develop the QA system including: development and implementation of a strategic plan; creation and implementation of customer satisfaction mechanisms; piloting and evaluating performance evaluations for P&S Workers; developing monitoring tools; and training supervisors on identifying quality and on the process and tool for monitoring.

One quality assurance building block, developed in 2001, is the Quality Assurance Matrix and accompanying tool which, when finalized and released to workers, will help to assess policy and practice impacts on child safety, placement, reasonable efforts to prevent out-of-home placement, case planning and permanency, adoption, and supervision functions within the P&S system. A recent contract has been entered into with the Center on Children, Families and the Law to conduct an external QA Review of the NHHSS-P&S service delivery system.

The NHHSS Services Director recently requested that the FCRB develop a list of quality assurance concerns for each geographic service area, with the goal of incorporating these measures into the NHHSS-P&S Quality Assurance Plan. In addition, in the formal report for each of the 4,000 plus FCRB reviews conducted each year there are critical outcome measures including top case concerns, identified barriers to permanency, and findings regarding the Case Plan, the appropriateness of the placement, safety considerations, and progress toward permanency and the boards rationale for the findings. These items are summarized in the FCRB's annual report, which is also mandated to include an analysis of the foster care system and recommendations for system improvements.

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1. *Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

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I. Effectiveness Summary of Assuring Health and Safety in Foster Care Placements

Areas of concern identified during the Statewide Assessment process related to assuring child health and safety while in foster care placements include:

- P&S Workers need to visit children in out-of-home placements more often
- Inability to obtain complete criminal background information
- Need to enhance ongoing foster parent training so that they are better prepared to provide safe and healthy environments
- There is an increasing number of children with special physical and mental health care needs entering the system and a lack of foster homes willing to take special needs children
- There continues to be a lack of communication between NHHSS and Tribes; P&S workers would benefit from additional training in tribal codes and cultural standards
- Foster Parent Support Plans are not being completed to the extent necessary
- Limited resources to monitor quality foster care services beyond small representative sampling
- There is a lack of recognition/reward for placement providers to pursue ongoing training/education
- Requirements for health exams and evaluations are not being completed in a timely manner

II. Policies and Practices Related to Health and Safety Standards in Out-of-Home Placement

Standards and procedures for out-of-home placements are provided in 390 NAC 6-002.04, 390 NAC Chapter 7, 479 NAC 2-002.01C, and in the Partnership For the Protection of Children (PFPC) Out-of-Home Care Guidebook. When a determination is made that a child will be placed out of the home, NHHSS considers the placement resources and place the child:

- in the least restrictive, most family-like setting;
- closest to the family, to meet the child's best interest and special needs; and
- in a setting that provides for continuity for the child in school, church and other community relationships whenever possible while also considering the safety of the community.

NHHSS-P&S completes assessments of all persons who are interested in becoming foster or adoptive parents. The process includes:

- Home visits
- Interviews with all applicants, their children and others living in the home
- Written home study;
- A self-study completed by the applicants
- Reference checks, from at least three persons
- Adult and Child Abuse Central Registry checks
- Criminal records checks
- Medical summaries for adult family members

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All steps in the process described above are necessary for a thorough assessment of a potential foster family. Concerns have been expressed that workloads in Resource Development may hinder consistent application of all of these steps.

Persons caring for children from one or more families must be licensed as foster parents. NHHSS will not place a child in a home not known to the child before the home is licensed, has completed a home study process, and has completed the required 21 hours of pre-service training; unless specific exceptions are granted on a case-by-case basis. Exceptions are described later in this narrative under G. Foster and Adoptive Home Licensing.

Effective March 25, 2001, several revisions were made to NAC concerning licensing of group homes, child caring and child placing agencies. 474 NAC 6-005 and 6-006 detail the licensing process for individuals, agencies, and facilities who provide temporary care and/or shelter for children in out-of-home placements. Staffing qualifications, training requirements, and minimum health and safety requirements for children in their care are outlined within these updated regulations.

474 NAC 6-008.06 Health and Safety Requirements mandate that child caring agencies ensure the following:

1. Each child receives a complete medical and dental exam within 14 days of initial foster care placement and annually thereafter. If there is no record of a previous exam, one must be completed within 60 days of placement for a secondary foster care placement.
2. Each child has regular physical and dental exams (The recommended schedule is annual physical exams through age six and exams at one to two year intervals thereafter, depending on the child's health status. Annual dental exams are recommended for children three and older, earlier if a dental problem arises.);
3. Complete medical and dental records are maintained for each child and the location of the child's medical history is noted in the child's program file;
4. It (the child caring agency) has access to routine medical care and emergency medical care on a 24 hour a day, 7 days a week basis; and
5. All reasonable precautions are taken to avoid accidents to residents and staff. This includes observing all safety rules in regard to swimming, transportation, and equipment.

The regulation goes on to cover specific health and safety issues related to transportation safety, fire safety, personal hygiene, food and nutrition, clothing, and discipline policies.

The roles and responsibilities of foster care providers as outlined in 390 NAC 7-001.05 help to ensure the child's health and safety needs are met during their placement. Caregivers share in the responsibility to:

- Communicate and work cooperatively as a team member with the worker, parents and service providers toward case plan goals;
- Communicate and work cooperatives as a team member with the parents;
- Work toward the goal of permanence as outlined in the case plan;
- Regularly discuss with the worker the child's progress, needs and behaviors;

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- Notify the worker of law violations by the child or law enforcement contact with the child;
- Notify the worker of emergencies including medical problems and runaway behavior;
- Arrange for routine and emergency medical care for the child and advise the worker;
- Secure specific care and treatment for the child such as medical, psychological, or school evaluations, under the guidance of the worker as outlined in the case plan;
- Recognize respite care as a necessary support to provide quality care to the child;
- Cooperate with the development and implementation of the visitation plan;
- Advocate for the child's educational rights and help school personnel understand the child's emotional and educational needs;
- Arrange for or provide transportation for the child;
- To the workers, provide written documentation regarding the child's progress and contacts with parents and other family members; and
- Attend pre-service and ongoing training if licensure is involved.

Two additional guidebooks assist Protection and Safety Workers to assure that the health and education needs of foster children are met: The Education Fund for State Wards Program Guidebook and the Nebraska Health Connection Guidebook provide specific functions and payment authorizations related to each child's education and health care needs. CFSR Advisory Team members note a need to update the Health Connection Guidebook as practice and protocol has changed significantly since its creation.

Other methods of determining compliance with health and safety standards that provide baseline data for ongoing planning, training needs, and to measure change over time include:

- Completion of an Indian Child Welfare Act Compliance Review in 1999
- Periodic, unannounced, tours of group homes and emergency shelters with FCRB members
- Annual Performance Accountability Reports (Service providers and the State have collaborated over the past four years to develop performance measures to capture useful data.)
- Case Reads implemented in the Southeast Service Area

2. Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.

I. Effectiveness Summary

As noted in the introduction to this QA factor, Nebraska is becoming more proficient in measuring direct service and system-wide effectiveness. NHHSS-P&S has voluntarily sought out stakeholder input concerning the development of annual Performance Accountability Reports and have implemented several other initiatives described below to improve the QA system.

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II. QA System Functions Currently Used to Assure Safety, Permanency & Well-Being

Performance Accountability Reports (PAR's)

In the fall of 1997, NHHSS began renegotiating contracts with service providers for seven P&S services including: *Non-Residential Services* of Family Support, Home-Based Family Therapy, and Intensive Family Preservation and *Residential Services* of Emergency Shelter Care, Agency-Based Foster Care, and Group Homes (I and II classification). Work groups of providers/contractors and NHHSS staff were created to develop performance measures for service contracts. Data was identified which would gauge progress in achieving results, as well as measure efficiency and provide other information considered worthwhile to the ongoing improvement of contracted services. Contracted providers are required to submit periodic information to the State for aggregate data collection and reporting.

There are concerns with this process noted by providers and acknowledged by NHHSS. The contract performance measures originally developed were dependent on data from N-FOCUS. Service providers have expressed concern over the lack of feedback regarding their service delivery activities as this relates to their contract compliance. It was originally envisioned that this information could be merged with the provider data being submitted. To date, the resources to extract data from the State's information system have not been available. Thus, there is a significant deficit in the quality and quantity of information that can be used to determine if outcomes are being achieved for children and families.

Surveys

Surveys of community-based direct care providers, supportive community service programs, P&S Workers and Youth Rehabilitation Treatment Center staff, judges, and adolescent state wards were conducted in February 2001 to solicit opinions on system/service strengths and weaknesses related to independent living. This work was conducted to help the Chafee Foster Care Independence Program planning team assess current status and needed improvements to independent living services.

While different survey instruments were used for each respondent population group, results similarly revealed a lack of services for youth transitioning to adulthood. Fifty-five percent of judges disagreed or strongly disagreed that there are adequate local resources available to prepare youth for living independently. NHHSS and YRTC staff cited the lack of services to refer youth to as the main barrier to achieving successful independence transitions. Ninety percent of direct care providers stated that they know of barriers that prevent youth from adapting to independence after being discharged from the state.

Central Register Findings Reviews

NHHSS contract with Action for the Protection of Children to conduct two Case Reviews for "unfounded" and "inconclusive" Central Register findings. The most recent review of cases published in March 2000 found improvements in both Central Register and Case Practice findings over the previous years' studies. This practice covers all jurisdictions in the state.

The study of *Unfounded Cases* finds "Generally good quality of practice is evident in supervisory review and approval of cases, correct disposition of cases in terms of case opening, services and referrals, and establishment of safety plans when needed. The one area, which merits the greatest need for continued work and attention, is related to the overall quality of work/effort and the quality of documentation on

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Unfounded cases. Close to 36% of the cases are categorized as inadequate overall quality of work and/or documentation.”

Results from the Central Register *Inconclusive Cases* review shows improvement in every area assessed over the previous year, including the appropriateness of all case practice measures. The one area that merits the greatest need for continued work and attention is related to the overall quality of work/efforts and the quality of documentation on Inconclusive cases. Close to 30% of the cases are still categorized as “inadequate” in either or both overall quality of work or documentation.

Citizen Reviews

As documented earlier, the FCRB conducts citizen reviews of child welfare cases using local boards. In 2000, 316 community-based representatives from throughout the state were members of local review boards, increasing to 360 representatives in 2001. As part of individual case reviews, the FCRB obtains file information from the NHHSS-P&S file along with input from the child's caregiver(s), legal parties, and service providers via questionnaires and personal attendance at reviews to assess the effectiveness of service delivery in meeting the child and family's needs and goals.

Formal reports of the reviews, including top case concerns, identified barriers to permanency, and findings regarding the plan, the appropriateness of the placement, safety considerations, and progress toward permanency, and the board's rationale for the findings are distributed to each legal party to the child's case. These findings are summarized in the FCRB's annual report, which is also mandated to include an analysis of the foster care system and recommendations for system improvements.

Case Reads

The Southeast Service Area began conducting case reads to identify quality assurance issues. To date reviews have occurred in January of 2001 and 2002. A random sample is drawn of all intakes that have been accepted for an initial assessment during a designated period of time. All cases that are found to be inconclusive are read and a percentage of cases that are unfounded are read. An established collection tool is used and the Center for Children Families and the Law (CCFL) conducts a validity rating. P&S Supervisors read the cases and it is structured so no one reviews cases under their own supervision. The areas of focus are the initial assessment, safety plan and Central Register issues. In the 2002 review 261 cases were reviewed. Of the cases read 81 were inconclusive, 91 were unfounded and 89 had no findings. Summaries of the two Case Read findings are currently being prepared.

In-House Work Group - Planning Teams

Through a number of work teams and internal meetings the need for increased statewide quality assurance has been identified. In the NFP there are plans to develop a more formalized quality assurance system in the second year of the plan (July 2002-June 2003).

Interdisciplinary Treatment and Investigative Teams (a.k.a. LB1184 Teams)

In 1993 the Nebraska legislature enacted LB1184 mandating the development of local teams of community professionals to deal with investigation and treatment of child abuse and neglect. County attorneys are charged with local team development and protocols. Where they are functioning, the LB1184 Teams provide community-based support to P&S workers by facilitating coordination with other

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agencies to deal with child abuse/neglect issues at the community level. Input from these local teams is used to identify quality service delivery strengths and weaknesses.

Full utilization of LB1184 Teams has not yet occurred across the state. In some counties, teams simply do not exist and there is a lack of accountability in enforcing their development. Where teams are functioning, concerns have been noted regarding the timely provision of N-FOCUS Reports for Team use in conducting quality assurance reviews of their local system. At the present time, there is no current reliable information about the number and location of functioning LB1184 Teams. The CCFL is presently trying to update this information and has sent out surveys around the state. However, it will be several weeks before the results are available.

D. Staff and Provider Training

1. *Citing any data available to the State on the numbers and timeframes of staff training, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.*

I. Effectiveness of Staff Training

Front line and supervisory staff in the P&S system provided input in May 2001 concerning pre- and in-service training. Their concerns were noted by members of the Staff & Provider Training Work Team and include:

- Current pre-service training is not meeting the real world demands of P&S work
- P&S Supervisory training is lacking
- Staff lack time necessary to attend training
- Lack of specific training to further professional growth and development
- Certain types of training need to be enhanced or developed – specifically legal, IV-E and IV-B, strength-based approaches to case planning, etc.
- Lack of financial resources to support additional training

The CFSR Advisory Team agreed with the Work Team concerns noted above and also added the need for additional staff training related to 1) serving children with developmental delays and 2) training focused on both physical and mental health care needs of children.

Satisfaction with staff training varies across the state. Some Service Area P&S workers report high satisfaction with the pre-service and in-service training received, while other areas reveal deficiencies in training content and applicability to the daily work situations. The Northern Service Area and the Santee Nation require supervisors to complete Staff Professional Development Plans for all P&S workers in their jurisdictions. Some areas of the state have also implemented their own methods of evaluating training needs among staff.

Staff training evaluations reveal satisfaction with the new Case Planning/Court Report training curriculum implemented in late 2000. Some of the training elements they appreciate are: simplification of forms;

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knowing the reasons for the changes in case planning/court reporting; receiving instructions and a workbook to refer back to when completing forms; an opportunity to practice writing goals with good examples to follow; the emphasis on family participation in case planning; and the heightened emphasis on teamwork – including between workers and their supervisors.

Workers also requested additional training in the following areas: implementing goals and tasks with families, more time spent on recommendations with court report writing, being more realistic about goal setting and working with the family, additional practice writing goals and receiving samples of case plans and court reports to follow, and more information about services available to families.

II. Current Training Practices

The majority of formal staff training is contracted by NHHSS-P&S to the CCFL within the University of Nebraska-Lincoln (UNL) system. Training for new P&S workers (**pre-service**) requires both classroom and field learning experiences. Newly employed workers remain in training for 15-17 weeks, depending on supervisor-determined ability to achieve acceptable levels of performance in 17 critical performance dimensions. Without attaining established levels, a worker remains in training until competency is achieved.

Classroom pre-service training is conducted in cycles throughout the year and is scheduled to occur in Scottsbluff, Kearney, Lincoln and Omaha. During calendar year 2000, five classroom sessions were held with 123 trainees, and in 2001, six classroom sessions with 53 trainees were completed across the state. In addition to classroom pre-service training, periodically a model of individual instruction is used for more remote rural areas where travel to a classroom site is not practical. In 2000, one individual benefited from this approach and in 2001, ten individuals received pre-service training in this manner.

In-service training is regionalized, with each service area encouraged to schedule at least 12 hours of *monthly* in-service training for staff. Each service area works with a designated Training Liaison from the CCFL to identify and respond to staff training needs. Tracking of staff attendance at in-service training opportunities was just initiated in mid-2001. A total of 31 in-service training sessions were provided by the CCFL in 2000 and 77 sessions were provided throughout 2001. The total number of staff attending these sessions is unknown as centralized tracking was just initiated in mid-2001.

In March 2000, a process was started to bring all pre- and in-service training resources and sessions closer to the field of work. This included performing regional training sessions and providing up to 12 hours/month of workshop-style training in each service area for all P&S staff, customized and individualized training programs, and direct coordination of field learning activities. To advance that effort and to capitalize on NHHSS strategic planning processes, the State Fiscal Year 2001-2002 is a transitional year to continue the process of enhancing field training efforts and to establish a statewide training plan based on findings and recommendations of the NFP. The Center on Children, Families, and the Law at the University of Nebraska has developed and implemented an in-service training program.

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III. Training System Enhancements in Progress

Nebraska P&S is working to address staff identified training needs in its current contract with the training provider and within the Family Portrait document. Some of the activities include:

- Establishing Field Training Units comprised of P&S Trainees until competency is demonstrated
- Establishing sequential family centered curriculum to follow the case process
- Developing local office self-instruction field guides

- Delivering pre-service classroom training in alternate sites
- Researching use of IV-E matching funds for tuition stipends
- Developing pre-tests for workers to demonstrate competency in lieu of classroom Pre-Service training
- Established minimum mandatory in-service training hours (24 hours now required) and a tracking system to monitor completion
- Development of annual training calendars
- Implementing use of the CWLA Diversity Evaluation Tool and online access to the Valuing Diversity and Service Delivery components related to staff cultural competency
- Implementing the 360 Degree assessment process in all service areas; the 360 Degree Assessment seeks input from supervisors, co-workers, and clients to evaluate and make recommendations for individual worker and organization-wide improvements and assesses the following areas of performance: Leadership, Empowerment, Performance Management, Integrity/Initiative, Communication, Teamwork, Quality, Innovation/Creativity, Adaptability/Diversity, Managing Conflict, Problem-Solving, Customer Service and Technical Ability related to P&S work
- Providing consistent and ongoing supervisor training
- Anticipated use of the Muskie Institute's supervisory training program
- Developing relationships with post-secondary institutions to prepare and recruit graduates for protection and safety work
- Providing training to Supervisors in Contract Management issues
- Providing specific juvenile services training to P&S field staff

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2. *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

I. Effectiveness Summary of Provider and State Institution Staff Training

The CFSR Advisory Team identified an overarching need to develop, implement, and monitor standardized effectiveness measures of provider and institutional staff training. Presently, there is little baseline data and no common methods to collect information that would help the state determine effectiveness of current training opportunities or the unmet training needs of care providers. However, it

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should be noted that as NHHSS P&S re-negotiates existing, and enters into new, provider service contracts, we are incorporating training requirements and standards into the contract language.

A promising practice is underway related to foster parent training. Care providers and NHHSS staff are currently implementing the PRIDE Foster Parent pre-service training curriculum. PRIDE is a co-training model that will help to convey common messages and practice principles among caregivers and NHHSS staff responsible for the well-being and permanency goals of state wards.

Training needs of staff continue to be documented through the NFP planning and CFSR Statewide Assessment processes. The NFP's Training Section identifies 30 activities to be implemented over the four-year plan. Some have already been implemented. NFAPA has documented foster and adoptive parent information requests received through their mentoring program. These sources of input are being applied to Nebraska's plans and strategies for continuous quality improvement in the training realm.

II. Foster and Adoptive Parent Training

Foster and Pre-Adoptive families are required by 474 NAC 6-003.33J –J1 to participate in 21 clock hours of preparatory training prior to licensing as a foster or adoptive home and 12 clock hours of in-service training annually, within the effective dates of the license. Training is available through various forums approved by the State licensing specialist and may include NHHSS-sponsored training, workshops, training sponsored by professional organizations or educational institutions, NHHSS approved self-study materials, college courses, and videotape materials. Resource Development staff in each Service Area help to coordinate training resources for foster and adoptive parents. When approved trainings are being offered in the area, flyers announcing their availability as approved pre- or in-service clock hours are mailed to all foster parents in the region.

NHHSS sponsors an annual Foster and Adoptive Parent Summer Conference, which provides caregivers 12 hours of in-service training. In 2001, three such conferences were held in different regions of the state, with total attendance exceeding 800 individuals.

The content of ongoing training opportunities is extensive, ranging from American Heart Association sponsored CPR/First Aid to Girls & BoysTown parenting classes to community hospital offerings and other professional trainings concerning the use of infant heart monitors and Fetal Alcohol Syndrome.

NHHSS-P&S reimburses foster and adoptive parents with up to \$50 annually for registration fees and other expenses to attend approved trainings. Additionally, licensed foster parents who attend the NHHSS sponsored annual conference are eligible to receive reimbursement for respite/child care, mileage, lodging, and receive their meals and educational materials at no cost. The State views this investment as recognition and appreciation for the valuable service these caregivers provide to Nebraska's youth.

Acknowledging the need to enhance training for caregivers, Nebraska chose to implement the PRIDE (Parents' Resource for Information Development Education) program. Designated staff and foster parents representing each Service Area are being trained in the first quarter of 2002 as PRIDE trainers. Rollout of the PRIDE pre-service curriculum is slated for statewide implementation by then end of the second quarter of 2002.

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The Nebraska Foster & Adoptive Parent Association (NFAPA) was created in 1999 with minimal funding assistance from NHHSS. NFAPA and NHHSS-P&S work closely to fulfill NFAPA's mission "*to empower, support, and advocate for Nebraska's families by promoting safety, permanency, and well-being for our children*". NFAPA has proven to be a tremendous resource for foster and adoptive parents statewide:

- * Organizing/facilitating parent support groups
- * Promoting cooperation and communication among biological, foster, and adoptive families and the agencies/organization who serve them
- * Advocating/sponsoring the development and provision of training and education
- * Recruiting new foster families
- * Working to retain foster families by providing mentorship* and other supports
- * Advocating within communities to foster awareness about foster care and adoption issues

*There are 25 active mentors currently working with the NFAPA mentor program (known as F.O.C.U.S.), nine of which are trained trainers. F.O.C.U.S. program objectives include: to provide support for the child in care and biological, foster, and adoptive families of the system; to provide personal one-on-one assistance; to provide emotional support; to acquaint biological, foster, and adoptive families with available community resources; and to help families understand how to work as a team for the safety, permanence, and well-being of our children. NFAPA is currently working on an Annual Report of the F.O.C.U.S. Program. This report will outline conclusions and recommendations to NHHSS for improving foster care and adoption services. As of 12/26/01, mentors from current or prospective foster and adoptive parents had fielded a total of 790 calls. Requests for information received from the callers will be used to determine training topics to be prioritized by NFAPA and state resources. The top ten questions/topics presented by foster and adoptive caregivers between January 2001 and December 26th, 2001 included:

- | | |
|--|---|
| 1. Behavior Issues of Child | 6. Birth Parent Issues |
| 2. Adoption Process/Subsidy Information | 7. School/Education Issues |
| 3. Placement Issues | 8. Respite Resources |
| 4. Communication Problems Between Foster Parent/Agency | 9. Reunification Issues |
| 5. Visitation Issues | 10. Prospective Foster Parent Questions |

NFAPA sponsors an annual statewide Adoption Conference to promote awareness about adoption issues and to provide adoptive parents with educational offerings and networking opportunities. They also prepare quarterly *Families First* newsletters; sponsor foster parent recognition activities during Foster Care Month in May of each year; and sponsor a Legislative Day providing foster and adoptive families an opportunity to meet with senators and other policy leaders.

P&S monitoring of foster parent training compliance occurs primarily at the local level. Resource Development staff working with the parents review and document certificates of training completion prior to initial licensing and at least annually during the effective term of the license.

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III. Group Homes, Child Caring and Child Placing Agencies

Licensing approval of these out-of-home care providers requires that each staff member, including volunteers who provide direct care of children, obtain 21 - 24 clock hours of NHHSS-approved pre-service training before assuming his/her duties and at least 12 –15 clock hours of approved in-service training annually within the effective dates of the license. NOTE: Personnel in group home settings must achieve the lesser number of training hours (21 and 12 respectively), while personnel in child caring and child placing agencies must obtain the greater number (24 and 15 respectively). Here too, the State

licensing specialist is responsible for approving training and educational opportunities, which will count toward required clock hours.

Larger group homes and residential treatment facilities across the state have well-defined training policies and protocol for their staff. Entities such as the Omaha Home for Boys, Girls and BoysTown, and Cedars

even offer their staff training programs for other providers in the community. Each licensed multi-placement facility in Nebraska is required to have a written plan in place for pre-service training activities at a minimum. It is within the responsibilities of the licensed facility to monitor staff compliance with training requirements. However, the P&S Licensing Specialist also conducts a sampling review of licensed facility records to determine compliance and to identify patterns among facilities/programs that demonstrate weakness in achieving training compliance.

NHHSS-P&S and the Nebraska Association of Homes and Services for Children collaborated regarding the current practice with physical restraints, and worked together with the FCRB and Voices for Children to develop regulations which reflect an expectation that de-escalation techniques would be tried first and restraints would be a last resort used only for children and youth who are an immediate danger to themselves or others. This policy is expected to go to public hearing in May of 2002.

E. Service Array and Resource Development

Summary of Service Array and Resource Development Issues in Nebraska

The Services Array Work Team concurred that all areas of the state should, at a minimum, have the following services available:

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|---|---|
| <ul style="list-style-type: none"> * Respite Care * Transportation * Child Care * Parent Education and Support * Vocational Supports * Mentoring * School-Based Supports * Community Mental Health Services | <ul style="list-style-type: none"> * Services Specific to Juvenile Offenders * Substance Abuse Services for Youth and Parents * Domestic Violence Services * Treatment Level Residential Care * Group Care * Foster Care * Transitional and Independent Living Services * Emergency Shelter |
|---|---|

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* Juvenile Services Residential Programs

The Array Work Team Final Report published in July 2000, prioritized a) *parent education, support and family support*, b) *substance abuse services*, and c) *foster care* as specific services needed to be expanded within the current service delivery system. The Array Work Team identified adequate capacity in a) treatment level residential care, non-treatment type group care, and emergency shelter services. However, CFSR Advisory Team members note that while these services may have adequate capacity, they are not 'community-based' for all children. Often children and youth must obtain these services far from their home community – causing additional burden on their families and interrupting any existing strength-based support systems the child and family may already have in place.

Activities outlined in the NFP propose the following additional enhancements to the services array promoting earlier reunification and reducing re-entry to the system:

- Expand use of multi-systemic therapy (MST) statewide to target juveniles with serious behavioral issues (Year 2)
- Issue a paper on best practices and written guidelines for use in family team meetings (Year 1)
- Expansion of Family Group Conferencing (Year 1-completed)
- Expand the Integrated Care Coordination Unit (ICCU) model, a research-based system of care for children and youth with multiple risk issues (Year 2)
- Improve access to kinship care by developing and issuing written procedures to use the Federal Parent Location Service (Year 1-completed)

1. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.

I. Effectiveness Summary of Services to Reunite Children with their Families

Nebraska is not presently meeting the national standard of reunification within 12 months from the latest removal. The Advisory Team discussed this and determined that numerous factors influence state outcomes related to reunification in a timely manner. A primary factor is the unfortunate reality that appropriate services are not consistently available statewide; services are lacking in some geographic areas and where they do exist in more urbanized centers, they are often overloaded with long waiting periods for services such as substance abuse treatment. Children and families often are provided services that are available, rather than services that most appropriately meet their unique needs.

Another factor is the increasing caseload of children with multiple and special needs that require graduated levels of treatment and longer-term care. An example is found within the increasing caseload of juvenile and status offenders. These youth often have layers of issues that require longer-term involvement with care and treatment providers.

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The Array Work Team members identified the following gaps in the array of services available:

- Lack of resources for special needs populations, particularly youth with developmental disabilities and mental health needs, sexual offenders, and substance abusers
- Lack of oral health care providers willing to accept new Medicaid patients
- Deficiency in culturally and linguistically competent providers and materials
- Nebraska's Medicaid managed care contractor (ValueOptions) is lacking in resource development efforts
- Inadequate coordination with educational systems in serving special needs children

- Inadequate pool of specialized foster care providers (racially/ethnically diverse, capable of caring for children with intensive medical or emotional/mental health needs, willing to care for multi-sibling families)
- Inadequate resources for youth who are aging out of the system and have high risk behaviors
- Overcrowding at the Youth Residential Treatment Centers for juvenile offenders
- Lack of service availability (all realms) and accessibility in small communities/rural areas

CFSR Advisory Team members concur with the above list of service array gaps, and note that many positive initiatives have occurred since this list was identified in early 2001. Some of the improvements include: enhanced transitional living program offerings; activities focused on increasing the number of culturally and linguistically diverse care providers; and implementation of scheduled meetings with public school administrators to improve communication between P&S and schools serving state wards.

Another issue identified by the Regulation Work Team is that youth are staying longer in Emergency Shelter Centers than policy permits. The Team recommended that a goal for this service should be that the average length of stay be less than 14 days. It was suggested that ValueOptions (the Medicaid Managed Care contractor) develop arrangements with emergency shelter providers to complete timely mental health assessments of children in shelters to help facilitate more timely discharge to appropriate placements.

II. Data on Reunification

Nebraska's Point-in-Time Permanency Profile shows that reunification was the goal for 13.2% of children in FFY1999 and 26.8% of children in care in FFY2000. However, case plan permanency goals were not yet established for 69.8% and 54.1% of these children, respectively, which likely skews the true percentages of children with reunification as the primary goal.

The Profile documents that in FFY 1999, 1,481 children were reunified at a median time of 11.4 months, and in FFY2000, 1,543 children were reunified at a median of 13.8 months. Statewide aggregate data used to determine substantial conformity reveals that the national standard of 76.2% of children being reunified with their parents or caretakers within twelve months from the latest removal was not met. Nebraska fell below the standard, reaching 52.6% reunification within 12 months in 1999 and 44.5% in 2000.

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Possible influences on this shortcoming include the fact that youth involved with the juvenile justice system are usually in out-of-home settings for longer periods of time, especially if the offending behavior warrants placement in a secured or treatment facility. It should be noted that Nebraska's state ward population consists of 17% juvenile and status offenders.

According to the Point-in-Time Permanency Profile, re-entry within 12 months of a prior foster care episode occurred for 8% of children in FFY1999 and 7% of children in FFY2000. During the Statewide Assessment review process, it was determined that this Point-in-Time Permanency figure is flawed, probably due to the majority of these children being counted in an 'open' case on the N-FOCUS system.

That is, the case was never actually closed when reunification occurred due to continuing service provision through NHHSS. In most situations, the child remained within NHHSS-P&S custody and oversight with no case closure or actual discharge occurring.

III. Promising Practices and Services Supporting Reunification Efforts

When reunification is the case plan goal, the P&S Worker, parents, and other team members may coordinate their efforts through Family Group Conferencing meetings or a family team meeting to identify and arrange child and family services supportive of reunification. Using the Family Group

Conferencing approach has broadened the knowledge of, and access to, community-based services across the state. Services nearest to the child/family are sought out based on assessment needs and FGC recommendations.

Nebraska P&S workers are beginning to utilize a 'wraparound' approach in efforts to both prevent removal and reunite children with their families. The wraparound approach is a team-driven process involving the family and others working together to develop, implement, and evaluate the individualized support plan in a flexible and responsive manner. Nebraska P&S and contracted service providers use several models of service and practice approaches that reflect the 'wraparound' intent, including Family Group Conferencing, Intensive Family Preservation, Mediation, and:

1. Integrated Care Coordination Units (ICCU) – an outgrowth of a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant in the Central Service Area. ICCU's use a team process to identify children's mental health care needs and strength-based resources available to address those needs at the community level.
2. Families First and Foremost (F3) – also a result of a SAMHSA grant in the Lincoln-Lancaster County area. F3 targets juveniles with offender and mental health issues who are at risk of removal from their home.
3. Multi-Systemic Therapy – MST uses a family preservation model of service delivery in that it is home-based, goal-oriented and time-limited. MST is an amalgam of best practices targeted to youth adjudicated as juvenile or status offenders. A key premise of MST is that community-based treatment addressing multiple causal factors of the youth's delinquency is more effective than costlier residential treatment or other custodial placements. The youth's entire social environment is considered in MST care – including family, school, peer and neighborhood systems.

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Other promising practices include court-agency collaborations in Douglas, Lancaster, and Sarpy counties and the domestic violence program partnership in Columbus. The Domestic Violence Coalition, Nebraska Voices for Children, and NHHSS are working in collaboration to address relational aspects of domestic violence and child abuse. Quarterly meetings among these stakeholders have occurred since 2000 through which planning and information sharing is accomplished. A grant was received to help fund specific training, public information materials, and other targeted efforts to address this issue. A pilot program in Columbus, Nebraska was implemented in October 2000 and continues to date with funding support from NHHSS. In this arrangement, a specially trained staff person is shared by both NHHSS-P&S and the local domestic violence program and works with every P&S case in which domestic

violence is identified. According to the National Council of Juvenile & Family Court Judges, 30 to 60% of families in which women are abused, the children are abused as well. (NCJFCJ, 1999)

The success of the Columbus pilot project resulted in development of additional domestic violence/sexual assault partnerships across the state. NHHSS presently has contracts with 22 community-based domestic violence/sexual assault crisis centers. Funding to the programs is comprised of state dollars and several different federal grants. In January 2002, Requests for Qualifications were sent out to the 22 domestic violence agencies announcing the availability of funds to establish up to five additional sites, modeled after the Columbus pilot project. The applications had a March 1, 2002 deadline and are currently under review. Successful applicants are scheduled to receive implementation funding as soon as April 2002.

The *Collaborations Between Child Welfare Agencies and Court Systems to Facilitate Timely Permanency* project, under the direction of Victoria Weisz, Ph.D., M.L.S. at the UNL Center on Children, Families and the Law, is designed to improve collaborations between child welfare agencies and courts systems to facilitate timely adoptions. The project was initiated on September 30, 2000 and consists of two main parts: 1) a court-agency liaison leading collaborative working groups in the three urban counties of Douglas, Lancaster, and Sarpy which include all the juvenile judges, child protection personnel, attorneys, FCRB and Court Appointed Special Advocate (CASA) representatives; and 2) implementation and evaluation of Permanency Planning Family Group Conferences for children who at the time of their permanency hearing are living in a temporary placement and who will not be reunified with their parents. The collaborative groups are all meeting with strong participation from stakeholders, have identified barriers, and are beginning to develop plans to address these barriers. Furthermore, a number of Permanency Planning Family Group Conferences (FGC) have been held with encouraging successes. The systematic process evaluation of FGC's is underway and is beginning to collect outcome data on the well being of the children involved. The process evaluation indicates that family members and professionals are generally very satisfied with this process.

2. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide preplacement preventive services designed to help children at risk of foster care placement remain safely with their families.

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I. Effectiveness Summary of Pre-Placement Preventative Services

While Nebraska continues to strengthen efforts to prevent child and family involvement with the P&S system, CFSR Advisory Team members conclude that Nebraska has not been effective in gathering and using data to understand which prevention services are working to prevent placement in the child welfare system. It is proposed that Nebraska devise strategies to determine effectiveness in this area so that successful interventions can be replicated.

II. Data Regarding Children Entering Care

Data for Nebraska's Child Safety Profile reveal 928 children with cases opened for services in calendar year 1998 (74.6%), 2,378 children in 1999 (100%), and 1,938 children in 2000 (58.5%). 'Opened for services' refers to cases in which post-investigative services were provided. Children entering care based

on Child Abuse/Neglect (CA/N) Reports shows 309 children in 1998 (24.8%), 708 in 1999 (29.8%), and 1,201 in calendar year 2000 (36.3%).

Of the total CA/N reports disposed in calendar year 2000 (total of 6,229), 59.6% were found to be unsubstantiated, and 37.8% were substantiated. (Balance of 2.6% were categorized as 'other', which represents reports closed with a finding of 'unable to locate'.) This data is noted because for each report processed by P&S Workers, the worker provides education and referral information to the reporter concerning resources available to address the identified concern(s). Since a majority of reported cases are unsubstantiated, it could be theorized that the simple process of providing the reporter **education and referral services** is enough to prevent some of the situations of concern from escalating to a point where placement in the system could occur.

III. Current Prevention-Focused Practices

Families are linked to **home and community based services**, many of which were described in the previous section, (i.e. respite care, domestic violence service agencies, mental health professionals, Early Intervention Services Coordinators, etc.) by the P&S Worker and area Resource Development Specialists as appropriate to identified needs. Linkage to income-based and other resources such as Medicaid, child care subsidy assistance, Early Head Start or Head Start, and others is made and follow-up is completed by the P&S Worker within timeframes agreed upon by the family.

When cases are substantiated, and imminent danger to the child is not present, intensive family preservation efforts may be initiated by the assigned P&S Worker in partnership with the family and appropriate service providers. The **Intensive Family Preservation (IFP)** support program is a contracted service delivered by qualified providers across the state. IFP support staff are subordinate to the P&S Worker and must work within the scope of service authorized by the P&S Worker and family as documented in the Case Plan. The purpose of IFP services is to assist the family to mitigate factors that could lead to child removal if not addressed. IFP is a voluntary program that is successful with families who are committed to change in order to keep their family intact.

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Effective July 1, 2001, Nebraska re-appropriated \$2,000,000 from the 'Family Preservation and Support' and 'Child Welfare' budget line items to be used as **flexible funding** within each Service Area for the purpose of helping families remain united and reducing out-of-home placements. Other existing resources must be used prior to tapping this fund.

Working with professional partners in the field, Multi-Systemic Therapy (MST), Integrated Care Coordination Unit, and other wraparound approach services have been used in some areas of the state and are planned for expansion as funding allows. All of these services involve the child/youth, family members, and professionals such as mental health and substance abuse providers, probation officers, educators, and others with expertise in particular areas of concern. All parties involved in these therapeutic approaches work toward the common goal of stabilizing the family and preventing more intrusive involvement with P&S and/or the legal system.

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3. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.

I. Effectiveness of Services Supporting Adoption and Other Permanent Living Arrangements

Input from members of the *Permanence and Adoptive Parent Licensing, Recruitment and Retention Planning Groups* identified the following issues related to the effectiveness of this factor:

Legal and Judiciary

Areas of Concern

- Attorneys in some areas are reluctant to file Termination of Parental Rights (TPR) which prevents more timely adoption; although it was noted that adoption is occurring at a higher rate than in the past
- Some judiciary aren't favorable of guardianships due to concerns over permanence

Adoption and Guardianship

Areas of Concern

- Lack thorough training for potential adoptive families
- Post-adoptive support services are lacking
- Tribes prefer guardianship and long-term kinship care as opposed to termination of parental rights and adoption, which conflicts with AFSA
- Interstate Compact issues – it takes too long to place a child out-of-state
- NHHSS workers specializing in adoption would benefit from additional adoption training

Independent Living and Other Permanent Placements

Areas of Concern

- PALS services aren't as effective as they could be
- Lack services to help mentally challenged youth achieve independence
- Tribal wards are not being adequately prepared for independent adult living

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The above-described input was reviewed by planning group members in May 2001. Significant improvements have been made in the independent living program since the work of the Chafee Planning Team and the PALS contract revisions were implemented. Activities in other areas of concern noted above have also been implemented or are in the planning stages, such as an increased emphasis on pre- and post-adoptive supports for families and involved children.

II. Adoption/Guardianship Policy and Data

Nebraska policy states that when a child cannot be reunited with family, adoption is the preferred alternative to long-term foster care or guardianship. Other permanency objectives such as long-term foster care, independent living and preparation for adult living, and self-sufficiency with supports are considered when adoption and guardianship are not appropriate to the preferences and needs of the youth. P&S Workers use the Adoption Services, Legal Guardianship, and Other Permanency Objectives Guidebooks to complete appropriate steps in the processes leading to these permanency objectives.

NHHSS-P&S, the FCRB, members of the judiciary and others worked to create legislation permitting, under certain circumstances, adoption contracts for wards that allow biological parents to have limited contact with their children or their children's adoptive parents. This has helped children achieve permanency in cases where it is not possible to terminate parental rights, yet the parents are unable to care for their children.

The 2001 Nebraska Point-in-Time Survey indicates that as of November 30, 2001 there were 130 children whose adoptions disrupted, and are now in out-of-home care. The FCRB has collected data that shows that children's unmet mental health care needs are a significant contributor to adoption disruptions.

Nebraska will be further analyzing data and individual cases to identify the extent of the problem and will develop a plan for post-adoption services and supports based on data and best practice approaches.

Nebraska has established standards for the timeliness, quality and evaluation of information to be submitted to the National and State Adoption Websites. A contract has been entered into for the purpose of maintaining and updating with regularity, Nebraska's adoption opportunities. Assuring that more timely and accurate information is provided through these information forums will help to support and facilitate the adoption of eligible children.

Nebraska LB1041, in accordance with the federal ASFA regulations, requires the state to file petitions to terminate parental rights (TPR) when children have been in out-of-home placement for more than 15 of the previous 22 months, unless certain exceptions have been met. Over 200 attorneys, P&S workers, judges, and CASA volunteers attend an annual conference sponsored by a multi-agency task force known as the Nebraska Permanency Planning Task Force – comprised of NHHSS, Foster Care Review Board, and the Center for Children, Families, and Law representatives. Since ASFA came into effect, these annual conferences have included special sessions on relevant regulations, including TPR filings. Another 250-300 persons attended ASFA trainings sponsored by the FCRB for P&S workers, service providers, foster parents, guardians' ad litem, county attorneys, the judiciary, FCRB local board members, and other interested parties.

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Between April 1995 and August 1996, the Nebraska Court Improvement Project conducted surveys and interviews of judges, attorneys, court clerks, P&S workers, and FCRB specialists and board members across all 12 Nebraska judicial districts concerning child abuse and neglect and TPR petition issues. The results of these inquiries are identified in the *Nebraska State Court Improvement Project: Child Abuse and Neglect Cases* report, published October 22, 1996 and include the following summaries:

- Interviewed judges varied in their view of the problems of children in lengthy out-of-home placements. Several judges were comfortable relying on the review hearings and felt confidence in the guardian ad litem and county attorneys to file appropriate TPR motions. Other judges stated that TPR motions were not being filed when they should because of overworked attorneys or disputes between agencies regarding whose responsibility it was to file.
- Interviewed attorneys generally reported that the best way that they could reduce time children spend in out-of-home placement would be to closely monitor services provided to the child and family and to be willing to file TPR or guardianship petitions if services failed. The

responses were shared with the Nebraska Supreme Court and Court of Appeals and P&S has incorporated these findings into adoption enhancement efforts.

- P&S workers and case file reviews suggested that TPR petitions be filed in a number of cases where the petitions were not filed. In urban areas this seems in part to be caused by overburdened attorneys. In rural area, there seemed to be a reluctance of moving forward with a petition unless there was complete agreement from the involved professionals.

The precise reasons for delays in many child abuse and neglect cases, including those that culminate in termination of parental rights were not investigated as a part of the above described survey and interview process. The Court Improvement Project concluded however, that these delays do frequently occur which results in too many children being in very long-term foster care, and perhaps missing their chance to be adopted.

An LB1041 study completed by the Court Improvement Project was completed in March 2000 reviewing court files of children who had been in foster care for 15 of the last 22 months on July 1, 1999 when LB1041 went into effect. This review found that there had been a surge of TPR's and relinquishments following the passage of the law. More than half of the children who had been in foster care for 15 of 22 months in July 1998 were free for adoption 18 months later. Unfortunately, about half of these adoption eligible children continued to live in temporary living situations that were not intended to become permanent. Thus, TPR's and relinquishments were occurring at a faster rate than permanent homes were found.

III. Adoption Supports & Promising Practices

Many children adopted through the P&S system are eligible for "subsidized adoption". Benefits in a subsidized adoption include: medical and mental health coverage under Medicaid; ongoing payment to help cover day-to-day expenses of raising the child; and/or assistance with legal expenses related to the adoption. Short-term services, such as counseling, to help a family work through adoption related issues after finalization is also available.

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NFAPA also provides supports to adoptive families and foster families preparing for adoption across the state, by sponsoring local support groups, a 24-hour mentoring service, and opportunities for continuing education through statewide conferences. Their activities were detailed earlier in this narrative.

In October 2001, Nebraska extended Medicaid eligibility to children who move to Nebraska and are receiving a State Funded Adoption Subsidy from another State. This change was made in response to recent amendments to the federal Adoption and Safe Families Act.

The Nebraska Legislature authorized funding for Adoption Finalization Payments for state ward adoptions occurring after January 1, 2000. Adoptive families are entitled to a payment of \$1,000 for the year of adoption and up to four succeeding years. This payment is flexible, and may be used by families as deemed appropriate. To date, Nebraska has made 780 payments totaling \$780,000.

Contractors provide adoption services across the state. In the Omaha area, private agencies assist with numerous adoption services, such as in finding placements, preparing children and families for placement, and supervising adoption services. Throughout the rest of the state, NHHSS primarily purchases adoptive home studies from contractors, both prior to placement and those studies needed for adoption finalization.

NHHSS provides training for adoptive parents using the Spaulding in-service curriculum. A portion of the Promoting Safe and Stable Families funds have been used to pay for adoptive parent co-trainers and for some expenses incurred by adoptive parents. NHHSS is currently seeking a Spaulding curriculum trainer fluent in Spanish.

The CCFL partners with NHHSS-P&S to improve communications and networking among foster and adoptive parents of children with special needs. An Internet Web Site Chat Room is maintained for this purpose and has become a major source of support for many parents.

Wendy's restaurant owners in Nebraska continue their relationship with NHHSS-P&S providing funding used to sponsor media promoting adoptions, including billboards, non-English language brochures, and Wendy's coupons as a 'thank-you' for individuals inquiring about adoption. During 2001-2002, we also started using Wendy's support to provide a gift for each child at the time of adoption finalization.

The Nebraska Broadcaster's Association have supported adoption search activities through several public service announcements on television as well as features in the print media. These public awareness activities resulted in several inquiries concerning adoption opportunities.

In November 2000 and 2001, the Eastern Service Area participated in National Adoption Day activities. Several children in state custody were legally adopted in special ceremonies held on Adoption Day. This day of celebration receives very favorable public response with staff fielding inquiries from other States for guidance in organizing similar events.

Mediation is also emerging as a promising practice supporting adoption across the state. Dependency mediation is being used in cases where alternative dispute resolution is needed, but full Family Group Conferencing may not be necessary. An example would be when a child is thriving in their current out-of-home placement setting; the foster care provider is preparing for long-term guardianship or adoption of

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the child, and the biological parent(s) are facing termination of parental rights. Dependency mediation may be used to bring the involved parties together to work out terms of biological parent involvement with the child after adoption finalization. Dependency mediation was initiated in the Eastern Service Area in the spring of 2001. While only a handful of cases have used the mediation service to date, involved parties have viewed it as a positive and effective model.

IV. Guardianship Supports

Nebraska's subsidized guardianship program is designed to ensure that financial barriers or costs associated with a child's special needs don't prevent the appointment of a guardian for a child as a preferred alternative to long-term foster care. State funds are used for this program. The legal guardian must use all available resources, benefits and programs before subsidized guardianship is determined appropriate. Subsidized guardianship can include monthly maintenance payments to the guardian,

medical assistance through Medicaid, and other financial assistance for services such as legal fees to obtain guardianship. A subsidy agreement is completed and approved before the court finalizes the relationship and includes the type, amount and duration of the subsidy assistance. Guardianship subsidy is reviewed every 12 months to determine the level of continued need and eligibility.

V. Independent Living / Adult Living Preparation Supports

Nebraska policy states that NHHSS-P&S will prepare every eligible youth for the transition to adulthood by providing services to assist in obtaining self-sufficiency in adulthood. The case plan for youth ages 16 years and older must include a description of services and programs the youth receives to acquire the skills necessary for self-sufficiency and it undergoes a court review every six months.

P&S workers use the Preparation for Adult Living Services (PALS) program with youth who are aging-out of the system. Nebraska utilizes contracted PALS specialists across the state for *Priority-One Services* (one-to-one assistance to youth in need of immediate preparation for adult living training) and *Technical Assistance and Support* to ensure that all services and resources available to assist the youth age 16 and older are available and engaged.

Service components of PALS programming include:

- Assessments – face-to-face assessments to analyze strengths, needs, and competencies in Basic Life Skills
- Plan Development – developing a written Independent Living Preparation Plan based on assessment findings
- Coordination – Managing implementation and monitoring of each youth's plan
- Instruction – formal and informal, face-to-face presentation of information related to the youth's PALS plan
- Experience – Opportunity to practice and apply learned skills in appropriate settings
- Mentoring – community volunteers connecting with youth to encourage, support, and assist them during the transition to independent living
- Resource Development and Networking – recruiting/identifying community supports and linking youth to appropriate resources, including employment opportunities.

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- Independent Living Supervision – regular, daily contacts with youth to assess, support, and monitor the transition to an independent living environment. At least three weekly contacts must be face-to-face and must occur at varying hours of the day.
 - Training to NHHSS staff and other care providers working with older youth.
-

4. *Describe the extent to which all the services in the preceding items 1-3 are accessible to families and children on a statewide basis.*

I. Service Accessibility Issues

In July 2000, the Array and Regulation Work Teams prepared a final report describing needed actions to improve the availability and accessibility of services for children and families. They identified the lack of

certain services and levels of care in some rural areas and overloading of available services in urban areas. They also identified that: 1) services are being offered based on availability rather than an appropriate match to the child/family's needs; 2) some providers voluntarily form connections with others to enhance service delivery and to provide an array of services while others have not; 3) meaningful data on which to base decisions is not readily available; and 4) the P&S system's rate of reimbursement is inadequate and inflexible.

The Nebraska P&S relies on input from field staff, including P&S Workers, Supervisors and Resource Development specialists, service providers, advocates, and children and families involved with the system to relay concerns regarding service availability, affordability, and accessibility issues to the Central Office. The NHHSS-P&S jurisdiction spans 76,878 square miles, consisting of 93 counties, with primary population centers located in the east and rural, more sparsely populated communities, to the west.

Over half of Nebraska's entire population resides in the Omaha/Douglas County and Lincoln/Lancaster County and surrounding areas. It is a day's journey to drive across the state, covering approximately 500 miles from east to west borders. The distance and sparsely populated areas of the state alone are enough to challenge the ability to provide a full array of desired services to state wards and their families.

Forty-five Nebraska counties (48% of all) are federally designated primary health care professional shortage areas in whole or in part; 66 counties (71%) are federally-designated mental health professional shortage areas, and 15 counties (16%) are dental health professional shortage areas in whole, in part, or for special population groups – such as Medicaid eligible and/or for Native American Tribes.

Often children and families must travel great distances to receive appropriate services, which is especially challenging for families whose children have chronic and severe special needs. NHHSS has witnessed an increase in the number of children entering the system due to the parents' inability (through no fault of their own) to provide for the special needs of their children. Health insurance coverage runs out, parent employment is jeopardized or lost because of constant absences to care for/obtain services for their chronically/severely ill children. In order for their children to receive the care they need, parents sometimes view voluntary placement in the P&S system as the only option.

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II. Promising Practices to Improve the Services Array and Resources

Several strategies are identified in the NFP to address the services array shortcomings, some have been described throughout the responses to areas 1-3 above, and others not yet mentioned include:

- > Finalize and implement a Professional Foster Parent Program for children/youth with intensive needs (Year 2*)
- > Increase supports to foster parents through an expanded contract with NFAPA (Year 1*-completed)
- > The Sex Offender Level 5 Program will be implemented to address service gaps for sex offending youth in the system (Year 2)
- > Effective July 1, 2001, contract rate increases were implemented for agency-based foster care, emergency shelter centers, emergency foster care homes, family support services, group homes, intensive family preservation, visitation supervision services, and home-based family therapy at the increased Medicaid rates. Mileage traveled outside of a 25-mile radius was also increased.

*Year 1 of the NFP includes July 1, 2001-June 30, 2002,

* Year 2 includes July 1, 2002-June 30, 2003

F. Agency Responsiveness to Community

General Overview of Agency Responsiveness to Community Issues

Nebraska instituted significant system wide changes over the past five years that required the P&S Division to seek and incorporate input from community stakeholders. A wealth of information has been gathered from work team/planning group members – which include all levels of staff, committees and advisory boards, Governor-appointed commissions, consultants, data profiles, and independent studies of various aspects of the P&S system, such as the ICWA Compliance Report. We are confident that these inputs have been seriously taken into consideration and incorporated into the Child and Family Services Plan (CFSP), as described and presented for public examination in the NFP.

Stakeholders have been very supportive of P&S efforts to strengthen the child welfare system and have generously committed their time to voice concerns and experiences through the various forums identified above. In some cases, this commitment has been in blocks of days, over a course of months, even years. NHHSS-P&S is grateful for their sacrifices and service to the cause of child welfare.

One of the main issues of concern in this area is deficiency in Indian Child Welfare Act (ICWA) compliance. We have entered into contracts with two consultants for services that will directly respond to the recommendations made in the ICWA Compliance Report (described later in this section), such as development of a specific training curriculum and Guidebook for Worker/Supervisor use. System administrators will regularly monitor progress in this area.

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Another weakness noted during the Statewide Assessment process is a lack of oversight in monitoring contracts the state enters into with protection and safety and Medicaid managed care service providers. Accountability measures included in each contract need to be regularly monitored to assure that services rendered are of high quality and accomplishing their intended purposes.

Other 'Responsiveness' recommendations identified during the Statewide Assessment process include:

- + The NFP should be the driving force for collaborative efforts
- + We must measure results of collaborative endeavors
- + Data reports should be readily available to share with community groups
- + An ongoing public relations, public education and training plan should be developed to help both key stakeholders and the general public better understand and appreciate child protection and safety issues in Nebraska

-
1. *Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

I. Direct Input on CFSP Development

NHHSS-P&S has sought extensive input from external community stakeholders in the development of the Nebraska CFSP. As relayed in the prelude *Note to Reviewers* at the beginning of this document, the NFP (the crux of the current CFSP) was created with input from key stakeholders, including family members, youth, the provider community, foster parents, legislative and executive task force groups ~ such as the Governor's Commission for the Protection of Children and the Governor's Youth Advisory Committee, and many others. The National Resource Center for Organizational Improvement also provided technical assistance in creation of the plan.

Eleven work groups/planning teams met over a three-day planning session and were charged with identifying strengths, concerns, and recommended actions in all CFSP Statewide Assessment Review categories. The results of their planning sessions and related homework assignments were documented and incorporated into the final CFSP – the NFP. The Governor announced the NFP in the summer

of 2001, and was distributed to media, policy makers, and other stakeholders across the state to promote public understanding of key issues and strategic actions surrounding Child and Family Services programming. Over 300 individuals outside of the NHHSS-P&S system have lent their expert guidance based on professional and experiential knowledge.

II. Input to the CFSP by Other Advisory and Advocacy Groups

Transitional and independent living needs of youth aging out of the system were assessed and planned for by a *Chafee Planning Team*, commissioned in 2000 and continuing their efforts through 2001. The Chafee Planning Team was comprised of youth, foster parents, service providers, and the four federally

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recognized Native American Tribes, and NHHSS central and field office staff. This team's plan is currently being put into action and will establish specific criteria for implementation of the Chafee Foster Care Independence Plan by 6/30/02.

There are six Nebraska Chapters of the *Federation of Families for Children's Mental Health* located across the state. Members advocate for the needs and rights of families of children and youth with emotional, behavioral, or mental disorders. Nebraska Federation of Families representatives serve as consultants to the NHHSS-P&S system – working with local office staff and courts and state-level administrators and policy makers – to improve outcomes for this population group.

The NHHSS-P&S relationship with *NFAPA* has been detailed in previous document sections. NFAPA representatives advocate for system enhancements directly related to foster and adoptive service realms of the P&S system. NHHSS assisted NFAPA get its organizational feet on the ground in 1999 and continues to support their valuable services which help to fill system gaps by identifying concerns, designing strategies to resolve these, and implementing services to address them. NFAPA's data collection and reporting efforts have provided significant insight to the needs of foster and adoptive caregivers, which in turn have been incorporated into CFSP action items.

Communication channels are supported by NHHSS-P&S to provide continuous input concerning *Tribal P&S programs* within the broader P&S system, including:

- John Penn, MSW, member of the Omaha Tribe, provides child welfare services consultation and training to Tribes, P&S staff and foster parents.
- Belva Morrison, MSW, member of the Sicangu Lakota Tribe, provides ongoing consultation on ICWA to NHHSS-P&S, Tribes, and foster parents. Ms. Morrison completed an extensive ICWA Compliance Review Report in July 1999 identifying both statewide and area-specific system flaws and strengths on which to build.
- Terry St. Cyr, Winnebago Tribal member and NHHSS employee, serves as a Tribal Liaison for the Northern Service Area, working proactively with Tribal Councils on health and human service issues. Within the past year, Mr. St. Cyr and the Northern Service Area Administrator, Joan Albin, have engaged in a new agreement with the Rosebud Sioux Nation, which borders Nebraska at its South Dakota border. Mr. St. Cyr has also been assigned to work directly with the Governor's Office on tribal issues.
- Staffing contracts with three of the four Tribes for on-site P&S Workers and Supervisors.
- Including youth from the Tribes in the Governor's Youth Advisory Council.
- Coordinating with the Tribes to create the "Circle of Nations" which is a youth development effort to create a network between the four tribes in Nebraska.

As discussed in the Quality Assurance section, Nebraska legislatively mandate *LB1184 teams* were created to deal with community-based issues affecting child abuse and neglect investigation and treatment. County attorneys are the party responsible for development and guidance of these teams comprised of area professionals and lay persons. Where they are functional, LB1184 teams facilitate coordination among local agencies and channel input up the P&S system of operations.

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The federally funded Integrated Care Coordination Unit (ICCU) project in the Central Service Area includes the development and oversight of an *ICCU Advisory Committee*. This Committee, in addition to guiding the project's development and implementation, conducts ongoing evaluation of intended outcomes and is currently developing plans for continuation and expansion of the program after federal funding ceases. Committee findings have been incorporated into the first three years on the NFP's planned approaches for enhancing service delivery to multi-needs youth and families.

NHHSS-P&S has garnered input from *minority communities* across the state via focus groups, team membership representation, and data reviews assessing minority-specific protection and safety issues. The State celebrates the growing ethnic and racial diversity and is making concerted efforts to improve communication and planning strategies that will heighten P&S responsiveness to a constantly changing population base. The Eastern Service Area has implemented specialized Hispanic family support services reflective of the population's inherent cultural values.

2. *Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general population of children and families.*

I. State Agency Merger

The Nebraska Partnership for Health and Human Services Act (LB1044) (a.k.a. the Nebraska Partnership Project) was passed by the legislature in March of 1996. The Act re-organized five state agencies into the comprehensive Nebraska Health and Human Services System comprised of the three primary departments of *Regulation & Licensure*, *Services*, and *Finance & Support*. The Office of Protection & Safety falls under the Services Department and when the merger occurred, incorporated the Office of Juvenile Services, which was formally under the Department of Correctional Services.

Realizing the interconnectedness between child welfare and juvenile justice issues, Nebraska viewed this change as a positive step forward in its ability to appropriately and effectively care for youth adjudicated as status or juvenile offenders and placed in the state's custody.

The merger also joined other health and human services such as TANF, Medicaid, Employment First, Developmental Disabilities, mental health and substance abuse, and child care under the NHHSS umbrella. This has facilitated improved linkage with, and utilization of, services supportive of P&S efforts to prevent out-of-home placement and more quickly reunite children and families involved with protection and safety services.

II. Merger Issues

An NFP planning work group identified the following areas of concern related to the state's effectiveness in coordinating OJS/Probation activities with P&S activities:

- incomplete integration of OJS data system with N-FOCUS, resulting in reduced ability to evaluate outcomes and plan for improvements

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- need to address inconsistencies between probation and OJS services
- overcrowding at Youth Rehabilitation Treatment Centers (YRTC)
- need enhanced community-based services array for juveniles
- courts would benefit from increased understanding of OJS/P&S – many youth are placed in the state's custody when it would be more appropriate for them to be on probation only

III. Coordination with the State Office of Probation Administration

The State Office of Probation Administration and NHHSS-P&S are separate state agencies with Probation being a part of the judiciary branch and NHHSS-P&S a part of the executive branch. While each agency exists independently, the youth who receive services from the two agencies often have the same needs.

In August 2000, the Governor convened a work group to address statewide issues concerning juvenile diversion, detention and probation. The group has since evolved into a working team that has developed a common mission statement and general principles to guide the work of both agencies. One result of this collaborative includes agreement on the use of a common screening and assessment tool for youth (the Youth Level of Service/Case Management Inventory tool) involved with both agencies.

In February 2002, the Nebraska Commission on Law Enforcement and Criminal Justice recognized the importance and commitment of the effort between Probation and NHHSS-P&S and has allocated funding for a facilitator to lead the team as they move forward with their collaborative activities.

IV. Coordination with Behavioral Health

In addition to the OJS merger, a concerted effort has been made in coordinating child welfare with behavioral health services across the state. Examples include 1) promotion of the wraparound services approach and Family Group Conferencing to coordinate efforts of all caregivers and professionals working with the child and family, 2) impact analysis and planned expansion of the ICCU program for children and youth with multiple risk issues, 3) use of Multi-Systemic Therapy for juveniles with serious behavioral disorders, and 4) initiation of Nebraska Family Central, a collaborative program among NHHSS, Region III Behavioral Health Services, schools, law enforcement/probation and community teams in the Central Service Area targeting state wards with high functional impairments in multiple areas such as behavior at school, home, in the community, commission of self-harm, and substance use/abuse.

In 2001, the central office administrators in the Offices of Protection and Safety and Behavioral Health met on a regular basis to improve their understanding of each area and to determine common areas of focus. This effort is resulting in planned improvements to the continuum of care available for state wards with mental health needs.

V. Promising Practices in Existence

Some promising practices have been initiated through a federal Juvenile Accountability Incentive Block Grant (JAIBG) designed to develop and implement innovative juvenile accountability programs in Nebraska. The grant funds have provided a means for OJS and Probation to address fragmentation by creating a program of incentives and consequences for targeted juvenile offenders.

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Governor Johanns and the Nebraska Unicameral are helping to address juvenile services system areas of concern with legislation that has or will:

- * Construct a new multi-purpose building at the YRTC-Geneva site to provide additional beds for 20 female juvenile offenders. (Groundbreaking occurred in July 2001)
- * Create a contractual relationship with an existing secure facility in Kearney to provide a higher level of security and more intensive rehabilitative services for youth requiring a more restrictive setting than the present staff-secure YRTC in Kearney can provide. (2002)
- * Initiate the Juvenile Delinquent Sexual Offender Treatment program providing specialized and staff-intensive treatment over a longer-term than is currently available. (2002)
- * Create a step-down program specializing in transitioning youth back into community life gradually and with enhanced supports. (2002)
- * Increase staffing at the YRTC-Kearney facility

3. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

I. Summary of Contract Compliance and Monitoring

The CFSR Advisory Team expressed concern with the effectiveness of monitoring contracts for services provided to state wards. Team members shared that contract monitoring varies across the state and is dependent on personnel time allotted specifically for this purpose within each service area. Some contracts do not yet include adequate accountabilities or outcome measures. A focused effort on contract management and performance is encouraged as an area needing additional research, planning, and action.

The NFP includes activity related to strengthening contract language and monitoring related to achieving safety, permanency and well-being for children. P&S staff are currently researching current practice in performance based contracting and will conclude their work by June 30, 2002. Based on their findings, contract language will be developed to include financial incentives for provider performance in year two of the NFP, with implementation of improved contracts scheduled for year three.

II. Contract Services

Nebraska contracts for a range of services with entities and individuals across the state. Contract initiation and management largely occurs at the local and regional service area levels. In 2000, Nebraska

had 137 contracts with providers for non-residential and residential services to state wards covering the following IV-E services: Family Support, Home-Based Family Therapy, Intensive Family Preservation, Emergency Shelter Care, Agency-Based Foster Care, and three levels of Group Home care (Group Home, Group Home A and Group Home II).

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As described in the previous section, P&S was part of a five state agency merger that was legislatively approved in 1996 and implemented in 1997. *Juvenile justice* is a part of the P&S system so there are no formal contracts or agreements in place between the two state offices, as they are statutorily prescribed within the same Department of Services and thus have shared operating and management oversight and procedures.

Medicaid services apply to children determined eligible for child welfare payments under IV-E, Non-IV-E, Former Wards, and Subsidized Guardianship. Nebraska Medicaid is paid out via Fee-for-Service and Managed Care contracts. The Nebraska Health Connection is the name of Nebraska's Medicaid Managed Care system. Physical health services are managed by vendors serving Douglas, Lancaster, and Sarpy counties only. Fee-for-service is the method of payment for the physical health care needs of Medicaid eligible wards throughout the rest of Nebraska. Mental health and substance abuse treatment services are managed through a statewide contract with ValueOptions. Eligible state wards receive both the Basic Benefits Package covering medical/surgical services and the Mental Health/Substance Abuse Package when applicable. ValueOptions is required by contract to provide information to each enrolled child's P&S Worker and others involved in the care of children in out-of-home placement. They are also required to contribute to P&S Quality Assurance efforts by providing aggregate data concerning state wards health service utilization on a periodic basis. We are aware that the contractor is not consistently meeting these information-sharing requirements. Plans to improve the flow of information should be developed and implemented.

As cited earlier, Nebraska contracts with the UNL CCFL to provide *training* for P&S Division employees. An outline of contract activities includes: Field-Based P&S Worker Training (pre- and in-service); Pre-Hire Development/Preparation including college partnerships, a stipend program for qualified students, and a competency based certificate program for P&S specialty areas.

NHHSS-P&S contracts with the *Santee, Winnebago, and Omaha Tribes* to have Tribal workers and supervisors who provide P&S services as Tribal employees. Each tribal program has an NHHSS P&S Supervisor assigned to provide consultation and has direct access to the Service Area and State Administration. Tribal Program Directors are part of the Service Area Management Team and have an equal voice in decision-making. Tribal staff participate in surveys, studies, and planning processes, including the NFP. Tribal employees are invited to trainings offered by NHHSS-P&S and work is underway to produce an improved pre-service training program that will be more culturally relevant to the Native American child welfare philosophies and practices.

Through a Tribal-State Agreement, Tribal courts in Nebraska can now commit a youth to the Youth Rehabilitation Treatment Centers. The agreement sets forth guidelines, and approval must be given by NHHSS. Under the current contract, youth must be made NHHSS-OJS wards by the Tribal Court. The Northern Service Area and Tribes continue to meet to help the Tribes develop and implement juvenile services on the Reservations.

A promising practice is occurring via a formal Cooperative Agreement between the Nebraska Department of Education – Vocational Rehabilitation Program and NHHSS – P&S in the area of juvenile services. The Agreement involves a 50/50 cost share arrangement between the two agencies for the purpose of enhancing employment opportunities for eligible state wards ages 14-19. Through this project,

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Vocational Rehabilitation (Voc Rehab) staff become involved with juveniles to enhance their transition from school to work. Some outcomes of this project include:

- 118 total referrals to the project in FY2000-2001
- 107 referrals resulted in new Voc Rehab cases opened
- 47 youth achieved employment outcomes
- 16 youth became GED graduates while in the program

The current cooperative agreement began 7/1/2001 and will end 6/30/2002. It is anticipated that the agreement will be renewed due to the favorable outcomes achieved.

4. Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.

I. Effectiveness in Identifying Native American Children and Complying with ICWA

Nebraska needs to make improvements in P&S Division efforts to identify Native American children and to assure that ICWA compliance is met when serving eligible children and families.

Nebraska is home to four federally recognized Native American Tribes, the Omaha, Winnebago, Santee and Ponca. Three of the Tribes have reservation land, while the fourth has service areas where larger concentrations of their Tribal members reside. As of 12-31-01, NHHSS had 524 Native American children in their care and custody, and of those children, 263 were in out-of-home placement. The following table of Native American children in out-of-home care by service area is based on a NHHSS-P&S database query as of 12-31-01:

Service Area	# of Native American Children in Out-of-Home Placement
Northern	79
Central	15
Southeast	33
Eastern	83
Southwest	20
Western	33
<i>Statewide Total</i>	<i>263</i>

CFSR Advisory Team members note that due to Nebraska's lack of policy and formal procedures in identifying Native American children, the total number of Native American children involved in the NHHSS P&S system may be higher than the numbers indicated above.

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I. Policies, Procedures, and Compliance Related to ICWA

Neb. Rev. Stat. §43-1502 defines the Nebraska Indian Child Welfare Act, enacted to ensure that the intent and provisions of the Federal ICWA are enforced. It is unfortunate to note that Nebraska presently has no written procedure for workers to follow in determining a child's membership or eligibility for membership in a Tribe. In spite of there being no formal procedures, P&S Workers do receive instruction on eligibility determination practices during pre-service training and through ongoing Supervisor guidance. Additionally, N-FOCUS includes contact information for all Tribes in the United States, and therefore serves as a tool workers may use to locate appropriate Tribal contacts. CFSR Advisory Team members noted that a draft ICWA Guidebook is presently under development. This guidebook will provide written policies and procedures for field staff related to ICWA compliance issues.

Acknowledging weaknesses with Nebraska's application of ICWA, NHHSS commissioned a study of Nebraska's compliance with the federal and state ICWA Acts in 1997, with a final report published in July 1999. The current contracts with John Penn and Belva Morrison include requirements for continued case compliance reviews.

The review used two compliance instruments, an 'interview guide' and a 'record review guide', developed by the National Indian Child Welfare Association. The field review consisted of eleven group interviews with state P&S Workers, Supervisors and Service Area Administrators and a record review of 192 physical case files of children identified as Indian children.

Some of the findings from the compliance report include:

- » 68% of records reviewed did not include documentation of steps taken to determine whether the child was an Indian child within the meaning of the Act
- » Documentation indicating a finding of "clear and convincing evidence" for placement of an Indian child was absent in 78% of case records reviewed
- » When developing a case plan, P&S Workers did not include the parent/custodian or the use of tribal or community resources in 64% of cases
- » Cultural conditions and way of life of the child's tribe or Indian community were considered in only 33% of the case plans reviewed
- » Workers from most Service Areas do conduct a "diligent search" in order to comply with placement preference which includes contact with the Tribe's social services program in 54% of cases reviewed

The report author's recommendations to address the unfavorable findings include:

- « Development of uniform procedures and standardized forms covering the ICWA provisions
- « Development and implementation of an ICWA training curriculum for workers, supervisors and county attorneys
- « Urban Indian family services programs should be funded and implemented in service areas with large numbers of American Indian residents
- « Amend the Nebraska ICWA to strengthen weaknesses identified in the Compliance Report
- « A policy on the implementation of the ICWA should be adopted statewide or by specific counties with large American Indian populations.

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Reviewers are respectfully requested to reference question 3. of this section for a summary of current contracts with tribes as well as a response in F.1.II. concerning individual contracts with private individuals who are working to assist NHHSS with ICWA compliance issues.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Overview Summary of Foster & Adoptive Home Licensing, Approval & Recruitment

Recommendations for improvement to this systemic factor made during the statewide assessment process include:

- Implementation of the policy related to uniform background checks currently being promulgated; funding for this additional activity was requested of the Legislature, but withdrawn due to Nebraska's current budget crisis
- Need to have higher standards for foster and adoptive homes that ensure safety and quality
- Need to implement the statewide recruitment and marketing plan
- Need to increase the expectations for foster families to be positively engaged with the child's biological family
- Need to increase efforts to keep sibling groups together when out-of-home placement occurs
- Need to increase the number of diverse foster care providers statewide

The CFSR Advisory Team note that while the above items remain deficiencies, several initiatives have been put in place to address them, including implementation of PRIDE pre-service training for foster parents, recruitment of more culturally and linguistically diverse foster care providers, and enhanced criminal background checks.

1. *Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*

I. Major Areas Covered by Licensing and Approval Standards

474 NAC 6-003 – 6-009.09 provides standards for approval and licensing of all settings providing out-of-home care to state wards. 6-005.24 Licensing Process Summary identifies that the licensing agent for both initial and renewed licenses, shall complete and compile the following:

1. Signed application form
2. A copy of the licensing fee receipt
3. *Health Information Report* for each direct care employee in a group home or child caring agency;
4. *Fire safety inspection* as required
5. A *sanitation inspection report*, as required
6. Evaluation and recommendation. This is the supporting documentation of the facility's and the applicant's compliance with regulations for the specific license type. This also includes home study findings for single-family foster care homes. When the applicant complies with all

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requirements, the agent completes the recommendation and indicates the number of children for which the group home or child caring agency is licensed.

Foster Home Licensing- Major areas assessed by the NHHSS licensing agent concerning approval and/or licensure of foster homes caring for nine or fewer children in a single-family setting include:

- Completion of a *Health Information Report* for all adult households members; with subsequent updating every two years
- Home *Fire Safety Approval* from the State Fire Marshal or their local delegated authority
- If the applicant will provide care for seven or more foster children, a *Sanitation Inspection* is required with renewal of the inspection at subsequent re-licensing periods
- Completion of a *licensing application form* signed by the applicant
- Completion of a *home study* conducted by the NHHSS licensing agent

- Completion of 21 hours of pre-service training

Group Home, Child Caring and Child Placing Agency Licensing – Applicant's seeking or renewing licensure must assess their personal capacities, the facility, and the community to determine what services the placement setting is able to offer children.

- *Medical reports on each employee*, signed by a physician, must certify that staff are in good mental and physical health and must be updated every two years
- *Staff performance evaluations* must be completed annually by group home administration
- Criminal and child abuse/neglect *background checks* must be completed for all staff
- *Staff to child ratio* must meet regulatory requirements
- Staff, including volunteers, providing direct care of children must receive 21 clock hours of pre-service, and 12 clock hours of *training* annually thereafter in group home settings and 24 and 15 hours respectively, for child caring or child placing agencies
- The facility must meet indoor *square footage* and outdoor recreational area requirements
- Written *discipline policies* must be in place
- *Transportation safety* and *sanitation requirements* must be addressed

Relative caregivers, or persons who are already known to the child, may be *approved* as the foster care placement without having full licensed status. The NHHSS-P&S Central Office may authorize exceptions to the licensing requirement for relative or other caregivers known to the child. An approval study is completed for relatives or persons known to the child before placement occurs. If an approval study indicates placement is appropriate, children who are related to the caregiver may be placed without the caregiver being licensed to provide foster care. Specific procedures for approved vs. licensed status are outlined in Administrative Program Memo #2-2001. Only state funds are used to make foster care payments in all approved homes.

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II. Native American Foster Home Licensing Standards

474 NAC 6-004 provides State standards for licensing Native American Foster Homes. These standards include most minimum licensing criteria as required in all foster care settings. However variance does occur in regard to cultural definitions of family and marriage, and the foster home's ability to self-determine the maximum number of children in their care without comprising safety. The standards add additional conditions that: "Principle consideration will be given to the foster family's capacity to provide nurturance, understanding, and Native American culture to children, and a stable environment, supervision, and protection of children. The foster family must understand the needs of children and age, development, and culturally appropriate expectations of children."

Another element of Native American foster home licensing is that an advisory body (the Native American Advisory Committee on Foster Home Licensing) is being developed which will provide the following roles and responsibilities:

1. The review of Indian homes recommended for denial of a foster home license;
2. The review of Indian homes recommended for revocation of a foster home license; and advising NHHSS and the Commission on Indian Affairs of the licensing of Native American foster homes located outside the boundaries of any Indian Reservation.
3. Advising NHHSS and the Commission on Indian Affairs of the licensing of Native American foster homes located outside the boundaries of any Indian Reservation.

Advisory Committee members will be appointed jointly by the NHHSS Director and the Director of the Commission on Indian Affairs. Appointment of members is expected to occur in the late spring of 2002.

III. Other Aspects of Licensing Standards Noted During the Statewide Assessment

Nebraska has developed a new duty assigned to current Resource Development staff entitled *Foster Care Licensing Liaison (FCLL)* to provide expertise to Service Areas and to serve as a community-based link to the central office on policy issues. The mission of this effort is "to ensure consistent interpretation and enforcement of Foster Care Regulations across Service Areas". FCLL's will meet regularly via conference call with the Central Office Licensing Program Specialist to address practice issues. Local FCLL's are already meeting regularly with home and agency-based foster care providers in their service area. The FCLL provides foster care contractors with a local and more accessible licensing agent who can help manage and troubleshoot contract and service issues that arise. They will also be able to collect information concerning foster care service provision and licensing needs that will help the state make more informed decisions regarding improvements to foster care service delivery.

Other efforts planned by NHHSS-P&S to strengthen the license monitoring and revision processes, include:

- Collecting/analyzing data regarding licensing exceptions on placements in unlicensed homes to identify trends and possible policy revisions
- Collecting/analyzing data on home studies to identify trends and needed revisions

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- Established a task force to meet and set standards related to criminal background checks. The policy drafted calls for FBI checks for new and renewing foster parents. The policy has gone to public hearing and is currently with the Governor.
- Instituting policy requiring foster, adoptive and relative home placements to undergo local law enforcement, state patrol and national fingerprint checks at initial and renewal licensure. A funding source for these checks has yet to be identified.

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2. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

Nebraska does not presently have the ability to cite data for this element, however, as noted in the response to question 1. above, we have initiated a plan to do so by the end of 2002, with periodic and annual reviews of capacity scheduled thereafter.

Nebraska currently has one primary Licensing Program Specialist located at the Central Office. This individual is charged with oversight of statewide licensing activities and promotes consistency among all staff conducting field licensing. The central office Program Specialist licenses all of the residential

facilities and field staff license the foster homes. Having a central contact, licensing staff receive guidance from one individual as opposed to several different people. One concern noted here is that it is difficult for one individual to manage and monitor a licensing system that covered 4,372 homes in June 2001. Due to this concern, we have planned for implementation of six staff in the service areas to serve as Foster Care Licensing Liaisons (FCLL's) (also discussed under question 1. above).

Foster care home and facility licensing standards are outlined in detail in the Out-Of-Home Placement Guidebook and Licensing Compliance Guide, which are readily accessible to licensing agents for reference as needed. The Guidebook outlines policy and practices, while the Compliance Guide provides interpretation of regulations for consistent application across the state. A checklist form was created to help licensing agents assure all necessary information and functions are completed prior to licensing recommendation. Licensing recommendations made by the agent are presented to their appropriate Supervisor and reviewed again for compliance with the standards. Once the Supervisor has reviewed the applicant file and concurs with the agent's recommendations, it is forwarded to the Central Office Licensing Program Specialist for a third review and licensing action.

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3. *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

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The CFSR Advisory Team notes that criminal background checks of prospective foster and adoptive parents and other caregivers in state licensed child placement facilities are inconsistently completed across the state.

Current Nebraska Administrative Code requires the following background checks and processes to assess safety risks of out-of-home care providers:

- Reference checks from three separate sources on all license applicants
- Health Information Reports signed by authorized medical practitioners conveying the applicant and/or their employees are mentally and physically competent to care for state wards
- Central Registry checks for prior abuse/neglect history
- Local and State Law Enforcement Checks for known criminal activity
- Home Study evaluations whereby the licensing agent conducts personal interviews and makes overt observations of the applicant's interaction with other household members, the family's lifestyle and support systems, personal histories, etc.
- After licensing or approval, P&S Workers and other NHHSS licensing agents may make periodic unannounced personal visits to the placement site to monitor safety issues.

Under the administration of former Governor Ben Nelson, Nebraska opted out of finger printing for foster parents when the federal government first recommended this child safety strategy. However, based on CFSP planning team recommendations to strengthen safety standards for children in out-of-home care, the NHHSS Director commissioned a Task Force in the fall of 2001 to meet and develop heightened standards related to criminal background checks.

The Director's Task Force work has resulted in pending regulations that will require all foster, adoptive and relative home caregivers to undergo local law enforcement, state patrol, and nationwide (fingerprint) checks at the time of initial and renewal licensing. As mentioned previously, the policy drafted calls for FBI checks for new and renewing foster parents. The policy has gone to public hearing and is currently with the Governor. Funding for this additional activity was requested of the Legislature during the past legislative session, but withdrawn due to the state's current budget crisis.

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4. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

I. Effectiveness of Recruiting/Retaining Diverse Foster & Adoptive Care Providers

Members of the *Foster & Adoptive Parent Licensing, Recruitment and Retention Planning Group* identified the following diversity specific concerns with the system:

- ~ Need to increase Native American Foster Homes and treatment foster care. Targeted recruitment efforts are needed. Need tribal resource development staff.
- ~ Need to address MEPA implementation
- ~ Need to develop materials and other supports such as mentoring to support Nebraska's diverse

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population groups. NFAPA presently has two Hispanic mentors working with foster parents and are currently seeking a Native American foster parent.

II. Current and Planned Efforts to Improve Recruitment & Retention Activities

A Foster Care Parent Recruitment and Retention Marketing Plan was finalized in April 2001 to “develop a strong, thriving and diverse foster parent base in Nebraska...” Marketing plan objectives were designed to increase retention rates, engage new foster parents representative of the cultural and linguistic diversity of Nebraska’s population, and recruit additional foster parents able to care for children with special needs, older adolescents, and large sibling groups.

Activities planned to meet the culturally and linguistically appropriate care objectives include:

- Develop a speakers bureau of culturally/linguistically competent individuals to share foster care information among diverse population groups
- Strengthen the diversity of current NHHSS staff
- Use culturally/linguistically appropriate media outlets to communicate key foster parent messages
- Continue to cultivate community partnerships with local religious affiliations, cultural centers such as Lincoln’s Hispanic and Asian Community Centers, and the Urban League of Nebraska
- Conduct work site recruitment
- Conduct door-to-door campaigns in communities/neighborhoods to heighten awareness of the need for diverse foster parent caregivers

The NFP calls for the recruitment plan to be implemented in year three of the plan, which includes July 2003-June 2004.

III. Nebraska’s Racial & Ethnic Diversity Among the Juvenile Population

According to the *Health Status of Racial and Ethnic Minorities in Nebraska Report*, completed in April 2001 by the NHHSS Office of Minority Health and Human Services, racial or ethnic minority residents are more likely than white Nebraskans to be under age 25. About one-half of all African Americans, Native American, Asian Americans, and Hispanic Americans in Nebraska fall into the under age 25 bracket compared to 36% of white Nebraskans in this age group in 1998. According to the 1998 U.S. Census estimates, children under age 18 made up 26.8% of Nebraska’s population. Among the white population, children under age 18 accounted for about one-fourth of all residents (26.1%). Among racial and ethnic minorities, the proportion of children in the population was larger, ranging from 35% for African Americans to 43.2% for Native Americans.

The following is an excerpt from Table 5a found in the NHHSS- Office of Minority Health -*Health Status of Racial and Ethnic Minorities in Nebraska Report*.

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Table 5a

Distribution of Nebraska's Population by Age and Racial/Ethnic Group (1998)

Age	% of Total Population	% of White Population	% of African American Population	% of Native American Population	% of Asian American Population	% of Hispanic American Population
< 1 Year	1.4	1.3	1.7	2.7	2.5	2.3
1-13	18.9	18.4	25.0	30.8	27.3	26.9
14-24	16.6	16.3	20.3	21.9	20.7	23.7
Under 25	36.8	36.0	47.0	55.4	50.5	53.0
Source: U.S. Census Estimates, 1998.						

The following table describes the current availability of racially diverse foster care settings:

Total Homes	White	Native American	Black	Asian	Hispanic	Multi-Racial	Unknown
100%	39.2%	2.9%	13.4%	.1%	2.2%	3.8%	38.4%
4,372	1,714	130	586	5	94	166	1,677
Source: Foster Care Parent Recruitment and Retention Marketing Plan. Draft. April 10, 2001.							

Obviously the 'unknown' category is significant, comprising 38.4% of all licensed or approved foster care settings. Those that were rated 'unknown' are based upon incomplete information on the SACWIS system regarding the foster home.

Nebraska's Point-in-Time Survey of Children and Youth Placed in Out-of-Home Care on November 30, 2000 provides the following snapshot of children served by race:

Total Children	White Non-Hispanic	Native American	Black	Asian	Hispanic	Multi-Racial	Others/ Not Reported
100%	62.2%	5.3%	17.9%	.7%	7.1%	6.4%	.5%
4,666	2,901	245	835	34	332	298	21
NHHSS – P&S Division. Point-In-Time Survey, November 30, 2000							

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5. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.*

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I. Current Recruitment Efforts and Effectiveness Measures

NHHSS continues to see increases in the number of adoptions of state wards, receiving approximately \$55,000 in Adoption Incentive Payments during fiscal year 2000 and \$175,727 in 2001. During calendar year 1999, 250 adoptions of state wards were finalized, increasing to 272 in 2000 and 289 in 2001.

NHHSS maintenance of a State Adoption Exchange helps to eliminate boundaries between agencies and counties or service areas across the state. Recruitment efforts to remove barriers to inter-jurisdictional placements include Nebraska's use of the National Adoption Exchange, with 20 children currently registered. Twenty-one wards also awaiting adoption are featured on the State's Adoption Web Page. People from all over the world have accessed these pages. Knowing that quality of information on the State and National Exchanges and web sites is vital, Nebraska is developing guidelines for staff as they provide information on children for publication in these media resources. We are aware that having only 20 children registered on the national exchange and only 21 children on the State's Adoption Web Page are extremely low numbers, considering that 315 children were free for adoption as of 10/31/2001 and that 619 had adoption identified as a permanency goal as of 11/30/2001. Nebraska needs to examine the reasons why too few children are listed on these exchanges and develop plans to improve the situation.

In September 2001, NHHSS-P&S contracted with a communications consultant to write the biographies of the children on the website in order to enhance this communication medium. At that time, a letter was sent to all P&S workers and related staff relaying the cooperation and information the consultant would require in order to write the children's biographies. A number of barriers have delayed the process, including declined interviews because the contact (therapist, foster parent, etc.) has not been given permission to speak with the consultant about the child. A February 2002 Administrative Memorandum was sent to all P&S workers regarding this identified barrier and reinforcing the need to communicate with potential interviewees about the consultant's information needs.

Central Office and field staff meet periodically to discuss recruitment strategies. A common logo and tag line have been developed and are used on all materials. The central office coordinates orders for

giveaway recruitment items for foster parents. Annually, NHHSS purchases space for a booth at the Nebraska State Fair that is staffed by foster parents and NHHSS staff to recruit foster parents. Each service area develops a recruitment plan through their resource development staff that is specific to their local/regional needs and includes a variety of recruitment strategies.

II. Policy, Timeliness, and Practices

Nebraska policy states that every effort will be made by staff involved in the adoption process to place children in an adoptive home within nine months of the date when the child became free for adoption. Review and assessment of the placement process is completed at least quarterly until there is an adoptive placement or a change in the permanency goal occurs.

Individuals seeking adoptive placements undergo a thorough home study, which is either conducted by P&S Workers or contracted home study providers across the state. Approved home studies are then

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compared to children waiting for adoption to identify the most appropriate match. When a suitable match is found, the prospective family's liaison (either a P&S Worker or private adoption agency representative)

is contacted to relay the news and to obtain feedback regarding the decision. If the adoptive family's representative advises against the match, the selection (match) team reconvenes to look for another appropriate placement.

On the other hand, if the match is recommended, descriptive information about the child is forwarded to the family's advocate. A face-to-face formal presentation about the child is made to the prospective parents and they are allowed, to the greatest extent possible, the time and information needed to make a comfortable decision. Efforts continue to ease the transition process for the children, foster parents who may be losing the child, and the prospective adoptive family. Post-placement supports are also provided through NHHSS, NFAPA, and private adoption agencies who may be involved in the case.

As noted earlier in this document, NHHSS issued clarifying guidance to workers regarding the extension of Medicaid eligibility to children who move to Nebraska and are receiving a State Funded Adoption Subsidy from another State. Nebraska complies with ASFA requirements to provide Medicaid coverage to all "subsidized" adoptive children residing in the State, regardless of the source of the subsidy payment (state or federal).

Section IV-Narrative Assessment of Child and Family Outcomes

A. Safety

Outcome S1: Children are, first and foremost, protected from abuse and neglect.
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Summary of Safety Issues

Numerous positive actions are underway in Nebraska to enhance the safety of children who come to the attention of NHHSS-P&S through reports of abuse and neglect and through involvement with the juvenile justice system. Below is a summarized list of safety concerns, followed by current and planned activities to address them.

Members of the NFP planning group that focused on safety issues and outcome planning assessed Nebraska's status in meeting the two federal safety outcomes in the spring of 2001. The CFSR Advisory Team reviewed the planning group's findings and added comments to the list of concerns identified below. A summary of both of these groups' assessment, discussions, and conclusions follows:

Safety Concerns ~

- Staffing issues of high caseloads and turnover, along with too much generalized practice
- Inadequate resources for in-home services and distances to reach services in some areas
- Lack of sufficient foster care resources (training, respite, more homes, etc.)
- Variations in community expectations, understanding of roles and levels of collaboration

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- Law enforcement issues such as lack of participation in investigations, not taking custody or removing too quickly, not taking reports, too long in responding, lack of training in child protection and child abuse investigations
- Court related issues such as considering removal as an answer to safety, use of out-of-home care as punishment, placing in shelter before a safety plan can be developed, and county attorneys identified as too aggressive in filing or not willing to file
- Policy related issues ranging from poor response times; too vague of timelines and Service Areas having their own timelines; to lack of monitoring and accountability
- Lack of data demonstrating the State's effectiveness in assuring safety
- Minority over-representation in the P&S caseload and a lack of cultural competence in the overall system
- N-FOCUS issues such as data entry time constraints and a lack of alternate resources to provide data entry which takes time away from staff's ability to investigate and address child safety concerns in a more timely manner
- Family values, e.g., don't want to deal with difficult kids or simply don't know how
- Lack of training and skill building among staff related to child safety issues
- Need to conduct medical and psychological evaluations in a more timely manner to promote safety for the child and their community

NFP Activities and Current Status of Recommendations to Address Safety Concerns ~

- Develop a plan to put in place adequate numbers of well-trained staff with reasonable workloads. *Status – Nebraska, like many states, is currently experiencing significant budget shortfalls and staff are being reduced rather than added. The Governor has exempted P&S and the 24-hour facilities from budget cuts to date. In the summer of 2000, the Director of Services authorized the forward-fill of up to 60 positions in P&S to reduce individual caseloads and assure that well-trained staff are in place when turnover and staff absences occur. These were not permanent positions, but did allow for some immediate relief in areas of the state that were experiencing vacancies.*
- Develop a plan to assure adequate flexible in-home services across Nebraska. *Status – As a strategy in the NFP, flexible funds were provided to Service Areas for in-home services needed when no other resources exist to fund them. This action was completed in September 2001.*
- Increase foster care support and training with better comprehensive screening/background checks. *Status – Data collection through NFAPA has helped to identify foster parent training and support needs which are being prioritized in training plans; increasing efforts to coordinate with existing resources for foster parents, such as Lifespan Respite Networks and Early Intervention Services Coordination Planning Groups for children with special needs; proposed policies for improved criminal background checks on foster and adoptive caregivers; Early Intervention training was provided to P&S workers in September and October 2001; NHHSS expanded the contract with NFAPA for enhanced support to foster parents in the fall of 2001; the PRIDE pre-service training curriculum for foster parents is currently being implemented statewide.*

The NHHSS Services Director is addressing children's safety while in out-of-home care and responding to safety concerns regarding placements and visitations that have been identified by the FCRB. A protocol has been implemented whereby FCRB case reviews involving

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serious concerns are shared with the NHHSS regional administrators and the NHHSS Services Director for follow-up.

The Governor and the NHHSS Services Director authorized joint unannounced tours of group homes and emergency shelters by NHHSS and FCRB staff due to safety concerns identified regarding youth being unnecessarily restrained and having a lack of supervision in some facilities. These tours have been completed in over 40 facilities across the state. Following the reviews, NHHSS and the FCRB issued commendations and concerns in writing to the providers and action plans were implemented for facilities needing improvements. NHHSS licensing staff have become involved as appropriate.

As mentioned within Section II of this document, NHHSS and the FCRB have also collaborated on educational programs regarding alternatives to the use of restraints for youth in multi-placement settings.

Court collaboration projects have been implemented to provide support to county attorneys and law enforcement, including enhanced training opportunities and improved communications among NHHSS-P&S, law enforcement, and the county attorneys involved with children and families.

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1. *Trends in Safety Data. Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.*

I. Notable Changes in Safety Profile Data Between 1998 and 2000

The number of Child Abuse/Neglect (CA/N) cases with a finding in calendar year 2000 almost doubled from 1998, reaching 6,229 reports in 2000 from only 3,144 reports in 1998. Some contributing factors to this increase in report volume may include: 1) database tracking system transitioning* from the Legacy mainframe to N-FOCUS in 1998; 2) strengthened partnerships with domestic violence victim advocacy organizations based on national research revealing the preponderance of child abuse/neglect within

domestic violence situations; and 3) heightened awareness of child abuse and neglect issues among citizens via regular public service announcements in Nebraska media and increased emphasis on child abuse/neglect training's for individuals working directly with children in child care and education settings.

*A further explanation of the database tracking system transition effect on CA/N reports disposed is noted here: 1) The 1998 data were estimated due to the conversion from the Legacy mainframe to the N-FOCUS system; 2) Since conversion began in late 1998 and continued through mid-1999, very few reports that received disposition in 1999 were received during a previous year. By contrast, many more reports that received disposition in 2000 were received during a previous year; and 3) Due to a 'learning curve' that continued throughout most of 1999, some records were not disposed in a timely fashion. This caused additional records received in 1999 to be reported in 2000.

The three-year trend data show the percent of substantiated reports increasing each reporting period, with a high of 35.9% of reports substantiated in 2000 versus only 27.1% of reports in 1998. This increase follows with the total volume increase in the number of reports received.

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To aid in this analysis, additional data queries have been completed for CY1998 through CY2000. The results of these queries include:

- Between 1999 and 2000, while substantiation rates for all other Service Areas remained constant or decreased slightly, the most populous Service Area (Eastern) increased. Removing the Eastern Service Area (Douglas and Sarpy counties) from the aggregate, the Substantiation Rate would fall to 30.1%. Year 2000 NCANDS data show that Douglas County substantiated 679 of 1,166 reports disposed (58.2%) and that in Sarpy County, 73 of 116 cases were substantiated (62.9%).
- One possible reason for this change in substantiation rate could be due to a change in criteria used to process records. More specifically, when N-FOCUS data entry became an added responsibility for front-line staff, some staff (especially in larger offices) expressed concern that the increased time needed to document records caused them to screen out more records. This theory is supported in that between 1999 and 2000, the number of investigations increased overall, yet the most populous service area and the largest office (Lincoln) in the second most populated Service Area (Southeast) decreased. Eastern Service Area investigations fell from 1,579 to 1,404 and Lincoln from 1,355 to 972.

The increases in report numbers and substantiation's may have positive direct effects on the immediate and long-term safety of children in Nebraska. The average age of children involved in substantiated abuse or neglect reports in calendar year 2000 was 7.4 years. Substantiated reports involving very young children less than four years of age accounted for 36.4% of the total, with children under two years old having the highest percentage of all ages at 16.8%. The early identification of, and intervention in, abusive and neglectful relationships may contribute to the child's chances of healthful development over their lifespan.

Nebraska stakeholders who view the NHHSS prepared *Child Abuse or Neglect Annual Report for Calendar Year 2000* will note discrepancies in data between this report and the federal Child Safety Profile found in Section III and discussed within this Section IV of the CFSR Instrument. The

discrepancy concerns the number of cases investigated by calendar year as reported in the state's Annual Report, which for example, equal 8,254 total cases investigated in 2000 versus only 6,186 total Child Abuse/Neglect Reports Disposed in 2000 as reported in the federal Profile. The reason for this difference is that Nebraska collects and reports all intakes received during the year – whether or not a disposition has been entered in the case – while the federal data reflects only those cases that have a dispositional finding logged onto the N-FOCUS system during that calendar year. In essence, the two figures are not comparative. Nebraska is considering several options for modifying reporting methods to avoid this disparity in future years.

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2. *Child Maltreatment (Safety Data Elements I & II). Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.*

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I. Data on Maltreatment Reports, Disposition, and Influencing Factors

According to the federal Child Safety Profile of Nebraska, based on N-FOCUS data gathered for NCANDS reports, the three-year trend of substantiated reports has increased from 27.1% in 1998 to 29.9% in 1999¹ and up to 35.9% in 2000. Unsubstantiated reports have decreased over time from 70.6% in 1998 to 61.4% in 2000.

Some of the underlying factors associated with these changes were described under the response to question 1. immediately preceding this section. Other factors related to the increase in substantiation's as noted by the Children & Families Service Review Advisory Team and staff that worked on the Community Safety Outcome areas for the NFP include: 1) increases in the number of children entering the P&S system with severe health care needs which may be classified as physical neglect due to medically related issues, 2) parental substance abuse, especially related to escalating methamphetamine use in Nebraska, leading to physical and/or emotional neglect of their children's basic needs, and 3) increases in the number of children and youth with abuse/neglect dispositions by courts so that services/treatment can be accessed through the P&S system, particularly mental health and substance abuse services.

II. Policies/Practices of Determining If Reports are Accepted and Investigated

Nebraska Administrative Code, based on statutory requirements, provides guidelines for deciding whether to accept a child abuse/neglect referral brought to the state's attention. Decisions about state involvement in a referral are based on statutory requirements and the assessed risk of harm to the child. Cases that do not meet criteria for services from NHHSS-P&S are referred to other resources. When a worker determines that maltreatment occurred, it is documented on the State's Central Register of Abuse and Neglect reports.

As indicated within NAC 3-004, the Department's response to a referral is determined on all reports of alleged maltreatment, status offense and juvenile delinquent cases received by the Department. Reports are received by:

- Telephone report to local Department offices,
- Mail,
- Law enforcement,
- In-person reporters,
- Court order,
- Mandated child abuse and neglect toll-free number*.

At the point of initial intake, workers must determine if abuse or neglect may have occurred within the NAC 3-005.01 definitions of maltreatment. Allegations that meet the definition of child abuse and neglect are assigned for assessment, and coordination with appropriate law enforcement agencies occurs.

¹ National Safety Data from USHHSS-ACYF-ACF-Children's Bureau shows a 1999 calendar year substantiated/indicated rate of 30.6%, an unsubstantiated rate of 54.6% and an "other" disposition rate of 14.8%.

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Protocol is outlined in the Initial Assessment Guidebook for the gathering of information, making decisions, and insuring that all family members are involved in the interview process whenever possible. Deviation from protocol can occur when the child is in imminent danger, the presence of a P&S worker is escalating the family situation, when allegations are unfounded, or when worker safety is jeopardized.

* The purpose of the Statewide Hotline (1-800-652-1999) is to receive telephone calls regarding suspected abuse and neglect of children and adults from across the state. This information is forwarded to local offices within twenty-four hours. In emergencies, Hotline personnel will contact local law enforcement immediately by phone. To the extent possible, callers are referred to community resources that may help resolve their concerns.

Nebraska uses the “preponderance of evidence” as the standard for decision-making regarding abuse reports and has done so for at least the past 12 years. The “preponderance of evidence” standard indicates that something is more likely to have occurred than not to have occurred (51% certainty). Enhanced training to front line workers over the past three to five years concerning the definition and application of a “preponderance of evidence” may also contribute to increases in the disposition of alleged child abuse/neglect reports.

It is also thought that staff workloads and turnover issues may affect the number of substantiated cases. Nebraska has not determined average caseload size for workers doing abuse and neglect investigations. The number of investigations assigned each month varies, but for at least some of the workers exceeds the standard recommended by Child Welfare League of America of 10 to 12 investigations per month. Offices determine work distribution in different ways. Thus, in some offices workers are specialized with some doing only investigations, others doing only ongoing service cases, and others doing juvenile services cases. In other offices, one caseworker may be expected to manage all three types of cases. The volume of cases assigned and the mix of case type does impact both the response time to the referral, and the time necessary to complete the investigation.

In order to meet the standard of proof of abuse/neglect, staff must be experienced, appropriately trained, and have adequate time to complete a thorough and timely investigation of the allegation. While we do not have hard data at this time to verify this hypothesis, it is thought that actual practice in Nebraska shows that staff, in general, concentrate on the most serious cases and respond in a more timely manner to the cases where children are most at risk of harm. Other cases tend to linger, with a less timely investigation whereby the information may become more difficult to substantiate.

The definitions of child abuse and neglect case findings used in Nebraska are:

- Court-Substantiated – a District Court, County Court, or separate Juvenile Court has entered a judgment of guilty on a criminal complaint, indictment, or information, or an adjudication of jurisdiction on a juvenile petitions under Section 43-247 (3)(a), and the judgment or adjudication relates or pertains to the same subject matter as the report of abuse or neglect. The court, the docket and page number should be noted in the case record.
- Petition to be Filed – means that a criminal complaint, indictment, or information or a juvenile petition under Section 43-247 (3)(a) has been filed in District Court, County Court, or separate

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- Juvenile Court, and that the allegations of the compliant, indictment, information, or juvenile petition relate or pertain to the same subject matter as the report of abuse or neglect.
- Inconclusive – means that the evidence indicates that more likely than not (preponderance) that child abuse or neglect occurred and court adjudication does not occur.
- Unable to Locate – Subjects of the maltreatment report have not been located after a good faith effort on the part of NHHSS-P&S. A good faith effort has been made when all available methods to locate the parties of interest have been utilized. The P&S worker consults with the supervisor before determining no other efforts are needed. The efforts and the consultation are documented in the case record.
- Unfounded – All report not classified as court substantiated, petition to be filed, inconclusive or unable to locate are classified as unfounded.

III. Quality Assurance Review of Inconclusive Central Register Findings

1998 was the first year that an independent study of child abuse/neglect cases entered as 'inconclusive' on the Nebraska Central Registry was conducted. A subsequent Registry study was completed in March 2000 for both 'inconclusive' and 'unfounded' child abuse/neglect report referrals. The ACTION for the Protection of Children group completed these studies. A comparison of several findings between the two 'inconclusive' studies follows:

Finding	1998 Study*	2000 Study*
Cases correctly entered as 'inconclusive' on the Central Registry	57%	77%
The child was interviewed by P&S workers	58%	71%
The perpetrator was interviewed	61%	77%
Risk assessments were completed	19%	90%
Cases reviewed that were judged to be "excellent, thorough and analytical" in terms of quality of work	15%	23%
Supervisors reviewed and signed off on the 'inconclusive' case	33%	84%
Case assignment for initial assessment/investigation average	9 days	8.58 days
Completion of initial assessment average, arriving at a finding	35 days	61 days
Inconclusive cases opened for voluntary services	20%	22%
Inconclusive cases opened for court ordered services	14%	3%
Inconclusive cases closed and referred for services	15%	30%

*The data reflected in the chart above has selected findings represented. For example, the three findings related to inconclusive cases are not the only findings related to this area and therefore do not add up to 100%

This data may reflect systemic improvements to child abuse/neglect report investigations and could indicate that the State is becoming more accountable in its efforts to hold child safety as the paramount issue in child welfare work.

A case review of referrals resulting in 'unfounded cases' (those reports which after investigation are determined to not involve maltreatment) was also completed in March 2000. The study showed that nearly 75% of all the Central Registry 'unfounded cases' were judged to be correct, 7% were judged to be

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incorrect, and 18% of the cases lacked enough information to make a determination. This data will be used as a baseline for subsequent measures of accurate findings of unfounded cases.

3. Cases Opened for Services (Safety Data Element III). Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.

I. The Data

In calendar year 1998, 74.6% of children in abuse/neglect cases reported were opened for post-investigative services, we are unsure of the 1999 percentage due to an error in N-FOCUS coding, and in 2000, the percent of child cases opened for services is reported as 58.5%². The decrease from 1998 to

2000 in the percentage of child cases opened may be due in part to improved investigative processing by workers (note the improvements in investigation protocol identified by the case review studies in 1998 and 2000 above).

It should also be noted that the total volume of cases opened for post-investigative services increased significantly with 928 unduplicated children involved in newly opened cases in 1998 and more than doubling to 1,938 children involved in 2000.

Reviewers should note that because the 1998 data were estimated, comparisons to it should be done cautiously.

II. Rationale Behind the Data

Nebraska has increased its emphasis on building preventative and community-based services over the past several years. Some federal funding has been received, such as Substance Abuse and Mental Health Services Administration grants, that has been used to build local and regional service infrastructure to improve accessibility, availability, and research-based approaches to care. One example of this is the

Integrated Care Coordination Unit (ICCU) approach to serve youth with multiple behavioral issues. When community-based services are available, and the child is not in imminent danger, the state actively refers families to local systems of care as the preferred alternative to more intrusive involvement with the P&S system. While this would require more in depth analysis, one hypothesis is that stronger prevention and in-home or community-based services availability may affect the percentage decline in cases opened for services across the state.

² National Safety Data from USHHS-ACYF-ACF-Children's Bureau shows that in calendar year 1999, 58.3% of CA/N reports disposed were opened for post-investigative services (unduplicated children).

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4. *Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV). Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.*

In 1998 24.8% of children in substantiated child abuse/neglect reports entered out-of-home care (309 children), 29.8% in 1999 (708 children)³ and 36.3% in 2000 (1,201 children).

While Nebraska is making efforts to improve the prevention-based array and accessibility to services, this indicator may reveal that there is more work to do. It was discussed earlier that a majority of Nebraska's 93 counties are designated medical and mental health professional shortage areas. Nebraska also lags behind other states in public health infrastructure – with only 22 counties covered by a statutorily defined Public Health Department. Without access to an adequate array of public and private professionals, it could appear that these service deficiencies may be impacting the ability of families to locally access the care and treatment they need to address medical and mental health care needs (including substance abuse treatment) that may eventually escalate to an inability to meet their child's basic needs. The CFSR

The Advisory Team views the lack of health resources as a possible contributing factor to the increase in children entering out-of-home care.

Another perspective could be that as the number of children entering out-of-home care based on substantiated incidences of abuse and neglect increases Nebraska may be doing a better job of protecting children. Improved intake and assessment performance by P&S workers, and investigations by law enforcement partners, of child abuse/neglect reports could be contributing to more accurate findings of abuse and neglect with the result of higher numbers of children entering out-of-home care. Heightened efforts to educate the general public and care and education providers working with children, may also contribute to this indicator as a positive reflection of Nebraska's efforts to protect children.

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5. *Child Fatalities (Safety Data Element V). Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.*

Nebraska recorded low numbers of child deaths due to maltreatment in 1998 (1 death), 1999 (3 deaths), and in 2000 (3 deaths). Currently we are establishing a process to better access and analyze data either directly from the Nebraska Bureau of Vital Statistics, or through a renewed collaborative effort with the Child Death Review Team. We plan to have this process in place in time to report child fatality data for CY2001. (More information on the Child Death Review Team is found below)

P&S workers, as part of designating allegation findings, may manually set the N-FOCUS child death indicator to identify that the maltreatment resulted in, or contributed to, the child's death. We believe that when this is done, it is done correctly, however we do not know that workers always complete this function. We will be examining methods of increasing workers knowledge and consistent application of

³ The National Safety Data from USHHS-ACYF-ACF-Children's Bureau shows that in calendar year 1999, 19.5% of children entered out-of-home care based on a CA/N Report.

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the child death indicator reporting on the N-FOCUS system, as well as ways to measure whether appropriate documentation occurs.

Nebraska instituted a Child Death Review Team in 1993 to review child deaths and determine whether or not the cause of death listed on the death certificate was accurate. NHHSS P&S Division personnel were represented on the Review Team, however the Team has been inactive for a number of years, with their last annual report completed in 1997. There is currently a renewed focus on resurrecting the Team under new leadership within the NHHSS Family Health Division and a P&S representative will be assigned to participate. It is anticipated that by the end of 2002 the Child Death Review Team will be reactivated.

Over the years, P&S Central Office staff have conducted limited case reviews on some, but not all, of the children who died while in state custody. These case reviews, however, have not been standardized, nor have the same individuals conducted them. Results of these limited reviews have never been formally cataloged or processed into evaluative recommendations for change. Furthermore, critical incidents not resulting in death have typically not been analyzed. In summary, informative data is not available for either child abuse deaths or critical incidents.

Acknowledging this system weakness, a Concept Paper was drafted in November 2001 by Administrators in the P&S Central Office, which calls for development of a formal internal review process for critical

injury and death cases among children known by NHHSS P&S. The case review process would support a consistent approach and response to critical incidents and deaths as well as guidelines to evaluate the case practice and protocols to support family members, caregivers, and staff in dealing with emotions related to the case. The case review process would support five overall functions:

1. A more thorough understanding of 'why' the child died and if the death was preventable.
2. Identification of breakdowns and gaps in the system.
3. Development of a database whereby formal protocols, best practices, and policies which could lead to systemic improvements to protect children, can be collected and maintained.
4. Provide for a consistent approach and response to critical incidents and deaths.
5. Support to family members, caregivers, and staff in dealing with emotions related to the case.
6. *Recurrence of Maltreatment (Safety Data Element VI). Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.*

I. Data and Summary of State Status in Assessing Maltreatment Recurrence

Nebraska does not meet the recurrence of maltreatment national standard of 6.1%. Nebraska's calendar year 2000 data show a maltreatment recurrence percentage of 7.58%, which is an increase from 1999 (4.83%) and 1998 (6.2%).

Although some work has been initiated to analyze this data, more analysis is needed in order to develop a plan that will effectively impact the recurrence of maltreatment measure.

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II. Initial Efforts to Analyze the Recurrence Indicator

P&S Business Analysts conducted a manual review of the 117 child cases identified as recurrent maltreatment cases in calendar year 2000. Upon review, it was noted that the 117 is a per victim figure – meaning that a recurrence report that involved a child care center, for example, could have affected 20 child cases.

The cases were quite evenly distributed across the former six NHHSS Service Areas (recently changed to *three* Service Areas) with a high of about 41% (47 cases) appearing in the Southeast Service Area and a

low of 4.3% (5 cases) occurring in the Western Service Area. The Eastern Service Area (consisting of Omaha and surrounding metropolitan areas) showed only 10 cases of recurring maltreatment, about 9% of the total, in spite of this area having a much higher proportion of all cases. Possible explanations for the Eastern Service Area's better-than-average rate could include worker/supervisor practices of classifying repeat maltreatment or a better array of services available to perpetrators which prevents repeat abuse/neglect – we simply have not taken the information to the higher level of determining an actual explanation for this finding.

The recurrence review also considered the types of repeat maltreatment experienced by these children. Generally the subsequent incident was of the same type as the initial maltreatment (62%), and most

frequently the type was neglect (61.5%). In 86.5% of the repeat maltreatment cases, the perpetrator was the same individual who instigated the initial maltreatment occurrence.

An average number of days between the initial and subsequent reports of maltreatment statewide was 44, with a median of 64 days between reports. This data is further broken out by the former six Service Areas:

Area	Mean Days	Median Days
STATEWIDE	44	64
Central Service Area (SA)	54	82
Eastern SA	39	88
Northern SA	13	16.5
Southeast SA	44	58
Southwest SA	51	50
Western SA	42	8

III. Procedures/Practices in Place to Identify and Document Recurrent Maltreatment Cases

At the time of initial intake on each child abuse/neglect report, N-FOCUS provides workers the ability to do a prior record search based on the child's name and/or the perpetrator's name. If the worker fails to initiate the search manually, the N-FOCUS system automatically scans historical files and the Central Registry for reference to the perpetrator's name and sends an alert to the worker if the name is found. No

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assessment of workers or supervisors has been conducted to determine if findings of a history of maltreatment is a variable in determining whether or not to open new cases.

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7. *Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VII). Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements.*

I. The Data

Nebraska does not have trend data for this safety indicator; only year 2000 information is available. No data is available for calendar years 1998 and 1999 because the database coding in these years did not document the relationship between the victim and perpetrator. Year 2000 data runs show that 3 of 7,605 children in foster care (.04%) were the victims of substantiated abuse/neglect; therefore, in year 2000, Nebraska was within the national standard for this indicator (national standard = 0.57%) Reviewers of this report should note that the federal observation period for this data finding is only a nine-month period beginning January 2000 and ending September 30, 2000, due to the mixed reporting periods of AFCARS and NCANDS data.

P&S staff familiar with the N-FOCUS system noted a concern with the method of data collection/documentation for this measure. We are tracking only those occurrences of maltreatment in out-of-home care involving a perpetrator who is in a position with authority over the child. Therefore, other children or adults without direct care responsibility (a janitor for example) in the home/facility who are the perpetrator of an abuse/neglect incident are not reported here.

In January of 2002, the central office issued a memo to all P&S workers and supervisors concerning N-FOCUS electronic file documentation of alleged abuse/neglect in out-of-home settings. Clarifying instructions were provided for all CA/N assessments in day care, foster care and group home settings. This action will hopefully improve the collection of all abuse/neglect occurring among children in out-of-home care.

A P&S Business Systems Analyst conducted a manual online review of case files where abuse/neglect occurred while the child was in out-of-home care in calendar year 2000. This review showed a total of 15 cases in which the child was maltreated by their direct care provider, which translates to 0.19% of all children in out-of-home placements, still under the national standard of 0.57%.

II. Policies/Practices for Protecting Children in Foster Care

As noted in Section II. part D. *Staff and Provider Training* and part G. *Foster and Adoptive Home Licensing, Approval and Recruitment*, Nebraska does have methods of assuring safety for children in out-of-home care via licensing requirements and contract standards for providers which include training, background checks, and initial and subsequent announced and unannounced observations, among others.

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Unfortunately, incidences of abuse or neglect have occurred to children while in the state's custody. The method of addressing these incidences includes thorough investigation of the allegations of the incident. There is both policy and guidebook material specifically designed for the assessment of child maltreatment in out-of-home settings. (Reference 390 NAC 4-011 for policy and Section III of the Guidebook for practice guidance) The material is used to guide and to aide the P&S worker in the investigation of allegations of maltreatment, assessment of risk, evaluation of safety, collaboration with others such as licensing personnel and law enforcement, and in making recommendations to protection the child(ren) and reduce the risk of recurrence.

Anytime a case involves children in licensed childcare homes or facilities, a licensing review also occurs. Coordination between child protection and licensing is important so work is not duplicated and intrusion is minimal. Anytime during the assessment that it is determined risk factors are too great or safety issues can not be controlled, the P&S worker can remove the child (ren) from the placement setting. If determined necessary, suspension or revocation of the provider's license to operate may occur if the license isn't voluntary surrendered.

Also within Section II of this report, it was identified that foster care provider training and supports need to be enhanced to support child safety and caregiver retention. A majority of foster care provider inquiries to NFAPA mentors involve guidance concerning child discipline issues. Another area highlighted as a need is respite care for providers caring for children with severe and special needs. It is possible that an enhanced effort to provide foster caregivers with better tools (knowledge, supports such as respite care, and alternative responses to child discipline) would reduce incidences of abuse/neglect of wards in their care.

8. Other Safety Issues. Discuss any other issues of concern, not covered above or in the data profiles that affect the safety outcomes for children and families served by the agency.

Prior to 1995, Nebraska policy included timeframes for the completion of many essential pieces of work in Child Protection & Safety cases – such as the minimum response time to investigations, etc. A re-write of policy (called the Partnership for Protecting Children and Families) resulted in the removal of many of those established timeframes.

The current NHHSS P&S Administration realizes the necessity of having uniform timeframes for P&S responsibilities and is in the process of developing policy. The timeframe information is in draft form and is being processed by P&S Administrators prior to finalization. The processes/functions that are presently included in the timeframe policy draft are:

- Assignment of case to worker
- Intakes
- Initial Assessments
 - Safety Evaluation
 - Safety Plan
- Establishing a Visitation Plan
- Tribal Notification
- Medical Examination

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- School Notification Letter
- Initial and Ongoing Visits to Youth, Family, Out-of-Home Care Provider
- Youth & Family Responsibility Agreements
- 3rd Party Insurance Forms/Forms to Open CFS
- Team Meeting
- Family Assessment
- Case Plan/Court Report (initial and updates)
- Referral to Independent Living and Developmental Disabilities Services
- Case Reviews

CFSR Advisory Team members suggested that the Medical Examination timeframe also include mental health and substance abuse evaluation timeframes.

CFSR Advisory Team members noted one additional child safety issue that is not included elsewhere in this document. Nebraska P&S Central Office staff extracted NCANDS data to determine the **Average Response Time to Investigation** for all child abuse and neglect reports received in 1999 and 2000. The 'average response time to investigation' considers the number of hours between the Intake and Initial Assessment functions on the N-FOCUS system. The table below shows the results of this data review:

Average Response Time to Investigation 1999 and 2000 N-FOCUS Query		
Year	Hours Between Intake & Investigation	Days Between Intake and Investigation
1999	1,627	67.8
2000	1,207	50.3

In comparison, the national average between intake and investigation in 1999 was 63.8 hours, or 2.7 days.

B. Permanency

Outcome P1:	Children have permanency and stability in their living situations.
Outcome P2:	The continuity of family relationships and connections is preserved for children.

1. *Trends in Permanency Data. Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.*

Nebraska has permanency profile data for years 1999 and 2000 only. Year 1998 data were not available for submission to federal HHS as this was the time of the conversion from the Legacy mainframe system to N-FOCUS. Historical data weren't available and not all files successfully converted to N-FOCUS.

Notable changes in Nebraska Permanency Profiles and possible reasons for these changes include:

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- 1) *Doubling of the number of children in pre-adoptive home placements from 31 children in 1999 to 68 children in 2000.*

Actions Contributing to this Change: Enhanced media attention to adoption in Nebraska. Increased numbers of children freed for adoption due to federal and state laws permitting termination of parental rights after the child has been in out-of-home care for 15 of the past 22 months. NHHSS P&S has enhanced staff training regarding adoption. Contracting out of pre-adoptive home studies helps to move the adoption process along in a more timely manner. There is a greater acceptance within NHHSS and the court system of foster parent adoptions. Omaha private adoption agency contracts help to provide more individualized attention to adoptive parents and children. There is a greater diversity among children available for adoption, i.e. it's

not just the hard-to-place children and youth that are free for adoption. Increased emphasis on concurrent planning helps the child more quickly move to pre-adoptive placements.

- 2) *An increase in the percent of children in institutions between FY99 at 20.3% and FY00 at 21.8% – significantly exceeding the national average of 9.6% in FY00.*

Rationale: Nebraska has witnessed an increase in the number and percent composition of all state wards who are juvenile offenders. These youth tend to have a greater need for longer-term involvement with the system (sometimes due to the crime they may have committed) and often the only option available for youth who need substance abuse and/or intensive mental health

counseling or treatment is in an 'institution' due to a lack of other resources. Furthermore, the federal definition of 'institutional placement' is quite broad and includes Centers for Developmental Disabilities, nursing homes, residential treatment facilities, child caring agencies, psychiatric hospitals, jail, youth locked detention facility, Job Corp, YRTC's, mental health facilities, and assisted living centers.

CFSR Advisory Team members cited two additional reasons why Nebraska has realized an increase in the number of children in institutional placements: 1) an overall lack of community based services; and 2) an inability of children and families to access mental health services without NHHSS funding assistance, e.g. most private insurance policies do not provide adequate coverage for mental health treatment services or families have no insurance at all.

- 3) *Doubling of the number and percent of children with reunification as a permanency goal between 1999 and 2000 (13.2% [680 children] and 26.8% [1522 children] respectively). However, the national average in FY99 was 41.4% and in FY00 43.2%.*

Rationale: This change is likely due to increased staff attention to entering Permanency Goals on the N-FOCUS system. For FY00 there are 54% of children with no defined permanency goal on N-FOCUS. Projections for FY01 show a decrease to 42% of children without a permanency goal on the system. When we reach the point where the majority of children have a permanency goal recorded on N-FOCUS, it is expected that there will be an increase in the number of children who have reunification as a permanency goal.

- 4) *A slight increase in the number of children in care 17 of the most recent 22 months from 38.3% in FY1999 to 41.4% in FY2000. Year 2000 national data is not yet available, however in FY99, the U.S.*

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average was 52.6%.

Rationale: CFSR Advisory Team members believe contributing factors to this increase include: 1) TPR appeals; 2) waiting for the 15 of 22 months in out-of-home care time to elapse before filing for TPR – when in some cases the TPR hearing could occur earlier in the life of the case; and 3) more children moving to kinship care placements, and if the relative has not pursued adoption or guardianship, permanency has not been achieved for the child, although they are with family.

- 5) *More than half (54.1%) of children in care did not have case plan permanency goals established as of September 30, 2000 compared to 16.3% nationally (based on 2000 preliminary data for the U.S.).*

Actions Contributing to this Change: A memo mandating the development and input of case plans and permanency goals on N-FOCUS was issued by P&S administration in February 2001. Specific training on case plan goal development was implemented in 2000 for all P&S workers and supervisors. As a result, the percentage has improved by 16% since 1999 and projections indicate that for FY01, it will improve another 12%. We still have a long way to go, but are taking steps in the right direction.

- 6) *Nationally, the median length of stay in foster care was 20.17 months in FY00 and 20.30 months in FY99 compared to Nebraska's 14.8 months in FY99 and 14.4 months in FY00.*

Rationale: Nebraska is focusing on permanency issues and length of stay for youth in out-of-home care. This increased attention to permanency may be the reason for the median length of stay decreasing and being below the national average.

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2. *Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I). Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.*

Nebraska experienced a net change of +706 children in FY99 and +673 children in FY00. Net change is determined based on the flow of children through admissions and discharges occurring during the year, with a point-in-time count of children in care on the first and last days of the year. In FY00, Nebraska had 327 more children admitted to foster care than in FY99 and 411 more discharged in FY00 than in FY99.

In the first-time entry cohort group, the data remained stable at 94.4% in FY99 and 94.0% in FY00 for the percent of children entering care for the first time within the first six months of the year in question.

When Juvenile Services merged with Child Welfare to form the Office of Protection & Safety, an increased number of youth adjudicated as delinquents by the juvenile justice system were placed in HHS-OJS custody. From CY1999 to CY2000, the total number of youth adjudicated as delinquents increased

by 43%. Prior to the merger of Child Welfare and Juvenile Services, the youth served by the Office of Juvenile Services had limited resources available to them with the exception of the Youth Rehabilitation Treatment Centers and community based services. The out-of-home service array became available to the juvenile services population with the merger's occurrence. It is theorized that many youth are adjudicated

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as delinquents and placed in NHHSS custody so that the youth's care and treatment needs can be addressed using state dollars rather than county funds. In Nebraska, most counties have little or no money for probation services as an alternative to becoming wards of the state.

A query of the number of children who were adjudicated as a delinquent and placed in NHHSS-OJS custody over the last four years is as follows:

Year of Adjudication	Child Welfare	Juvenile Offenders	Total
1998	4799	784	5583
1999	5278	1153	6431
2000	5425	1031	6456
2001	5841	1221	7062

Figures provided by the State Probation Administration reveal the following numbers of juvenile adjudications that received a disposition of probation for the identified years:

Year of Adjudication	Juveniles with a Disposition of Probation
1998	5,220
1999	4,891
2000	3,895
2001	4,835

This Probation Administration data seems to validate the CFSR Advisory Team theory that after the state merger of the Office of Juvenile Services with Child Welfare, the number of youth adjudicated with a disposition of probation decreased, while the number of youth adjudicated as juvenile offenders and placed in the custody of NHHSS increased.

As mentioned in Section II, NHHSS and Probation are collaborating in efforts to streamline services for delinquent youth so that the most effective and efficient means of serving these youth are engaged by each agency, and that duplication of efforts does not occur.

Nebraska completed point-in-time surveys of children in out-of-home placement on November 30, 2000 and again on November 30, 2001. The following tables identify children in care by age:

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Age of Children in Out-of-Home Care	Point-in-Time November 30, 2000		Point-in-Time November 30, 2001	
	#	%	#	%
0-4 Years	819	17.6%	883	18.7%
5-9 Years	803	17.2%	814	17.2%
10-14 Years	1,203	25.8%	1,133	24.0%
15-17 Years	1,576	33.8%	1,624	34.3%
18-19 Years	265	5.7%	273	5.8%
Not Reported	unknown	unknown	2	0.0%
Total	4,666	100%	4,729	100%

3. *Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II). How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?*

I. Data

The federal PIT Profile reveals that 13.8% of children in FY99 were placed in relative foster family homes, reducing to 12.2% in FY00. In comparison, 25.6% of children in out-of-home care nationally were placed in kinship care in 1999 and 23.2% in 2000. Non-relative foster home placements increased in number from 1,932 (37.5%) children in FY99 to 2,116 (37.3%) children in FY00.

Nebraska's proportion of youth in institutional settings is much higher than national averages with 1,047 children (20.3%) in 1999 and 1,237 (21.8%) in 2000. Nationally, only around 9.5% of youth were placed in institutions in the same years. The percent of children in group homes in Nebraska is lower at 5.1% in 1999 and 5.0% in 2000 than national data of 7.6% in 1999 and 7.8% in 2000. Children and youth in Nebraska that reside in group homes may be reflected in the institutional care setting, which may also be leading to an increase in this area.

Review of the federal Point-in-Time and Cohort Data Profiles for 1999 and 2000 indicates that Nebraska is striving to maintain children in the most family like placement settings. Within the cohort data, 37.2% in 1999 and 34% in 2000 of the children were on a Trial Home Visit and 39.2% and 41.3% respectively were in a Foster Family Home Setting. This means that for 1999 and 2000 respectively, 23.6% and 24.7% of Nebraska children in out-of-home care were in a more restrictive setting. When comparing this to the PIT data for Foster Family Homes, both Relative and Non-Relative, 51.3% in 1999 and 49.5% in 2000 of children who remain in out-of-home care are in foster home care and 20% and 19.4% respectively are with parents, so 28.7% and 31.1% of children are in more restrictive settings.

Cohort data represented in the 1999 and 2000 profiles appears to indicate that Nebraska is making strong efforts to place children back with a parent as quickly as possible. In FY00, Nebraska almost doubled the number of children placed with parents. It also appears that most often, Nebraska initially places children in institutional settings. Foster home placements in the PIT reveal an increase of almost 10%.

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This would seem to indicate that of the children that could not be placed back with a parent, they are going to foster care settings, which is the most family like placement environment.

The following table shows Nebraska's 1999 and 2000 federal Point-In-Time and Cohort Data Profiles of children in out-of-home care by placement type:

	1999 PIT	1999 Cohort	2000 PIT	2000 Cohort
Out-of-Home Placement Type	% of children	% of children	% of children	% of children
Pre-Adoptive Home	0.6	0.1	1.2	0
Foster Family Homes (Relative)	13.8	11.5	12.2	12.8
Foster Family Homes (Non-Relative)	37.5	27.7	37.3	28.5
Group Homes	5.1	4.3	5.0	5.2
Institutions	20.3	16.1	21.8	16.2
Supervised Independent Living	0.6	0.1	0.6	0.5
Runaway	1.2	1.0	2.0	1.4
Trial Home Visit	20.0	37.2	19.4	34.0
Missing Placement Information	0.5	0.3	0.1	0.3
Not Applicable (Placement in Subsequent Year)	0.4	1.7	0.3	1.1

II. Policies/Practices Regarding Placement Decisions

Nebraska's Out-of-Home Placement and Payment Guidebook and PFPC Policy identifies policy and practice considerations the worker needs to process before removal from the child's existing environment occurs. All reasonable efforts to prevent the need for removal and out-of-home placement must be made when appropriate. NHHSS has the legal authority to place a child out of his/her home under one of the following conditions:

1. Law enforcement pick-up
2. Court order
3. Voluntary placement agreement by parents
4. Voluntary relinquishment by parents

Worker consideration of an out-of-home placement is guided by an assessment of the family's level of functioning while considering the child's safety from further maltreatment or harm to self or others. Consideration is given to the child's physical, emotional and social needs and the family's ability to meet those needs. The worker may make a decision to place the child in an out-of-home setting if:

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- the initial assessment indicates that risk to the child or others exists
- the safety determination concludes that the child's safety cannot be controlled within the child's home

Guideline criteria for utilization of each placement setting are used to help workers make appropriate decisions regarding the type of placement most appropriate to each child's unique needs. The utilization guideline provides detailed screening considerations for placement decisions at admission to care, when determining continued stays in the initial placement setting, and when considering discharge from the placement setting.

General placement considerations are that:

- the least restrictive, most family-like setting
- closest to the family's home, to meet the child's best interests and special needs; and
- in a setting that provide for continuity for the child in school, church and other community relationships whenever possible while also considering the safety of the community

Prioritization of the level of care needed is also conducted. The priority for level of care from least to most restrictive is as follows:

1. Non-custodial parent,
2. Approved relative,
3. Family known to the child or parent,
4. Licensed foster home supported by NHHSS,
5. Agency based foster home
6. Treatment foster home
7. Group home setting
8. Group home II setting,
9. Treatment group home, and
10. Residential treatment center

III. Range of Placements Needed and Placement Resource Availability

The Array Work Team Final Report identifies the following recommendations for a complete out-of-home services array in Nebraska:

Treatment Level Residential – residential treatment center for short-term, long-term and crisis placements; facility-based services (both inpatient and partial day treatment options); treatment group homes as a step between Youth Rehabilitation Treatment Center and Group Home placements; partial care options; day treatment, intensive outpatient, and partial hospitalization. While NHHSS has many of these treatment alternatives in their array, there may be a need for increased specialization of these services.

Group Care – group care (resolve medical necessity issue); group setting for sexual offenders; locked group settings; specialized residential services for developmental disability, mental health, sex offender

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issues, teen parents, etc.; mental health/substance abuse halfway house. Group care services exist in Nebraska, however increased specialization is needed.

Foster Care – need specialized foster homes (professional foster care providers) for youth with special needs; need emergency foster care; more foster family homes; 24 hour respite crisis center for foster homes.

Transitional and Independent Living – host homes and supervised apartment settings; transitional housing and services when youth are transitioning from YRTC or other high level care settings; life preparation/vocational serviced education, independent living skills, semi-independent living-supervised wards, services and housing for teen parents. There are currently limited resources, however they are expanding through the use of Chafee funding.

Juvenile Service Residential Programs – staff secure facilities*, local detention, secure confinement (long-term), residential evaluation, adequate mental health/substance abuse services within juvenile justice facilities. Some juvenile service residential programs exist, but they are in limited supply.

* Staff Secure Facilities: The Office of Juvenile Services does not consider any of its programs including the YRTC's as correctional facilities. All facilities operated by HHS/OJS are considered non-secure programs and the security of the program is maintained by staff instead of perimeter fencing and control centers. The YRTC's are considered the highest level of security for youth adjudicated as delinquent juveniles by the courts for the purpose of correctional services, but the term is misleading in that even the YRTC's are considered as "non-secure" programs and not "correctional" in security. The YRTC's and other OJS programs maintain security and control at facilities by using a combination of supervision, inspection, accountability, and clearly defined policies and procedures to promote safe and orderly operations.

Emergency Shelter –emergency shelter and transitional living facilities for families with housing issues; emergency shelter (30 days maximum). Emergency shelters are available, however there are limited family emergency shelter programs in place.

IV. Promising Practices to Improve Use of the Most Appropriate Placement Settings

Nebraska's increasing emphasis on the '**wraparound**' service approach to identifying and addressing strengths and needs of the child and family is viewed by CFSR Advisory Team members as a promising practice that works to keep children and families in their homes and communities.

Concurrent planning is also viewed by CFSR Advisory Team members as a practice that contributes to use of the most appropriate placement settings for children in out-of-home care. Concurrent planning allows children, parents, and other caregivers to better prepare for transitions between placements if they occur and permits transitions to occur more quickly.

Child Advocacy Centers are used in Lincoln, Omaha, Kearney, Grand Island and Scottsbluff to provide a safe and nurturing setting for children and the non-perpetrating family members during a child abuse

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investigation. Professionals' work together to reduce trauma experienced by children due to multiple interviewing. The quality of evidence gathered is improved and in turn the prosecution of cases may be

more successful. While the work conducted in the Child Advocacy Centers directly ties into safety and well-being issues it is also relevant to permanency. Safety issues play an important role in the permanency of a child's living arrangement, and whether or not they can be maintained in their home.

CFSR Advisory Team members identified the **St. Monica's Residential Treatment Program** in Grand Island and Lincoln as using a promising practice that keeps children together with their parents while the parent receives inpatient substance abuse treatment services.

The Office of Protection & Safety is presently working with Medicaid division staff to coordinate the potential use of Medicaid funding to implement a Professional Foster Parent Program in Nebraska. The **Professional Foster Parent Program** concept was developed by a work team comprised of foster parents, Agency-Based Foster Care professionals, and NHHSS staff from the service areas and the central office and others that are significant to the issue. The program is in response to the increasing demand for foster caregivers who are qualified, and who can commit the necessary time, to care for children and youth with severe or chronic medical or behavioral health care needs that require round-the-clock care and supervision.

In mid-2000, the Regulation Work Team raised an issue concerning children's prolonged length of stay in **emergency shelter**. The Team recommended that emergency shelter placement should be used primarily for safety and initial assessment and as a temporary, short-term placement only – with a goal for this service to average 14 days or less. The Team recommended that all children receive timely assessments and that a maximum length of stay of up to 30 days be enforced and that only the Service Area Administrator or their designee may approve exceptions to the length of stay. This recommendation was adapted and incorporated into the Emergency Shelter contracts in July 2001. Additionally, an emergency shelter care policy was drafted and implemented concerning the length of time for shelter care stays. A formal process was put into place whereby a P&S worker must receive an approved extension from NHHSS-P&S Central Office personnel for shelter care stay in excess of the 30-day limit. Since the approvals for stays past 30 days have been focused on, there has been a dramatic decrease in the length of stay in shelter care.

A **Medicaid study (literature review) of conduct disorder youth** was completed in 2001 by a task force representing various disciplines, which revealed that youth with conduct disorders have greater success in their treatment and care when placed in individualized settings rather than multi-placement settings such as group homes. Nebraska's current effort to develop a Professional Foster Parent Program is a direct result of the findings of this review. The Professional Foster Parent Program would provide a more specialized and individualized placement setting for conduct disorder youth.

In 1999, the NHHSS Director of Services requested that each service area develop a plan to manage the utilization of high-end out-of-home services in the P&S system, including Group Home II and Emergency Shelter Care. The service areas have developed a variety of means to perform **utilization review and management** functions and have met on a statewide basis on several occasions to define terms and protocols.

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4. *Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V).* Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.

Nebraska's Point-in-Time Permanency Profile shows improved efforts between 1999 and 2000 to establish permanency goals for children in care. The percent of children with reunification as their goal increased from 13.2% in 1999 to 26.8% in 2000. Increases from 1999 to 2000 were identified in every other permanency goal category as well (adoption, long-term foster care, emancipation, and guardianship). The Permanency Profile for the first-time cohort group also reveals an increase in the percent of children with reunification as their most recent permanency goal, from 13.0% in 1999 to 27.6% in 2000.

It should also be noted that for the Point-in-Time Permanency records used by federal HHS in creation of Nebraska's profile, case plan goals were not established in 69.8% of cases in 1999 and in 54.1% of cases in 2000. These percents of 'not yet established' permanency plan goals in Nebraska compare to only 18.3% in 1999 and 16.3% in 2000 nationally.

CFSR Advisory Team members noted that data alone is not enough to determine if goals truly aren't established or if it's a data entry issue – wherein the goal is established, but not yet entered onto the N-FOCUS database. Further analysis at the Service Area level will need to occur in order to more accurately determine our status in this indicator.

The length of time experienced by Nebraska children in achieving their permanency goals in 1999 and 2000 compared to national medians are identified in the table below:

Permanency Goal	NE 1999 Median	U.S. 1999 Median	NE 2000 Median	U.S. 2000 Median
Reunification/Relative Placement	11.3 months	6.18 months	13.8 months	6.24 months
Adoption	33.7 months	41.72 months	41.1 months	39.85 months
Guardianship	23.1 months	17.77 months	27.7 months	20.14 months
Other	29.3 months	25.33 months	6.2 months	27.7 months
Missing Discharge Reason	6.9 months	10.78 months	9 months	9.36 months

State efforts to promote more timely achievement of the child's permanency goal include:

- Creation of a new 15 of 22 Months (in out-of-home care) Report in 2000 to be disseminated to County Attorneys that alerts staff of permanency plan reviews and needed actions.
- Creation of the Supervisory Review report that supervisors and staff can use to monitor permanency plan reviews and needed actions.
- Nebraska Family Portrait emphasis on wraparound service approaches, such as ICCU's, that help the child, family, P&S worker, attorney, courts, and other professionals involved arrive at an appropriate and mutually acceptable permanency goal in a more timely manner.

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- Development of a new Experience of Children in Care Report based on N-FOCUS data, which is used by Central Office personnel to assess trends for children in out-of-home care.
 - Continued development and enhancement of N-FOCUS tickler files to alert staff of permanency plan reviews and needed actions.
 - Court Collaboration Project efforts to enhance legal and judicial official and NHHSS-P&S partnership in achieving permanency for children
 - NHHSS Legal Department distributed information concerning legal guardianships to all juvenile court judges as an effort to promote guardianship as a permanency goal.
-

5. *Achievement of Reunification (Point-in-Time Data Element IX). Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.*

I. The Data and Contributing Factors to Non-Conformance with the National Standard

Nebraska fell short of the national standard of reunification within 12 months of the latest removal at 52.7% of children in 1999 and 44.5% in 2000. (National standard = 76.2%)

One of the primary issues affecting conformity with the national standard is thought to be the large population of juvenile offenders (delinquents) who become state wards. A Point-in-Time Survey conducted on November 30, 2000, revealed that 65% of youth in out-of-home care on that date were 10 to 18 years of age and that 27% were in group homes, Youth Rehabilitation Treatment Centers, a residential treatment center, a detention center, or inpatient treatment – placements generally occupied by older wards. Nebraska youth involved in the juvenile justice system are usually in out-of-home care for a longer period of time because of the type of offense and/or treatment needs. An example of this occurs when a juvenile delinquent commits a criminal offense that results in first serving time at a locked detention center, followed by a stay at one of Nebraska's staff-secure Youth Rehabilitation Treatment Centers (YRTC). After staff and professional assessment and experience with the youth in the YRTC setting, it may be determined that the youth needs more intensive, specialized treatment (such as for sexual offenders) than the YRTC is equipped to provide. In the worst case scenario, a juvenile offender may experience three to four different placements before a family foster care home is even considered.

In February 2002, the P&S Central Office completed an analysis of the juvenile delinquent state ward population (also referred to as OJS wards). This recent data run reveals that in January 2001, 19.7% of the total state ward population was juvenile offenders (1116 of 5667 total wards), increasing to 21.3% in January 2002 (1230 of 5774 total wards). Forty-three percent (43%) of the OJS wards in January 2001 (480 of 1116) received in-home services through NHHSS rising slightly to almost 44% in January 2002. This data show that around 56% of OJS wards in both January 2001 and 2002 were in out-of-home care settings.

Another issue, which may contribute to the lower-than-national percent of reunification within 12 months, involves data integrity of the N-FOCUS system. Nebraska does not capture when a state ward was

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reunified with a relative – we only count those reunification with a biological parent. The national data include relative placements.

II. Efforts to Improve Reunification in a Timely Manner

Nebraska has outlined several planned activities that could improve Nebraska's standing in relation to the national standard on reunification within 12 months of the latest removal. These activities include:

- Implementation within Year 2 of the Nebraska Family Portrait (July 2002-June 2003) of Family Preservation Units in each of the Service Areas to provide families with intense preservation services within 30 days of referral to the system
- Expansion of Multi-Systemic Therapy (MST) to target juveniles with serious behavior issues.
- The Nebraska Court Improvement Project has from its inception included upper level NDHHS administrators on its advisory board. The Director of the Court Improvement Project is a faculty member of the Center on Children, Families, and the Law (CCFL) of the University of Nebraska-Lincoln. CCFL also has major contracts with NDHHS. Consequently, the Director is able to communicate fairly closely with both NDHHS and the Court.
- Over the past several years of the Court Improvement project, major activities have involved collaborative efforts between the courts and NDHHS. Perhaps the largest Court Improvement activity was the development of Family Group Conferences for abuse and neglect cases. Judges provided the initial impetus for the project but the development of Family Group Conferences involved judges and the agency. The first training that introduced the FGC concept to Nebraska included many DHHS administrators and workers. Family Group Conferences have now been implemented statewide by NDHHS.
- Expansion of Family Group Conferences contracts so that each Service Area will be able to accept two new referrals per month for this service.
- Nebraska's Court Improvement Project received an Adoption Opportunities Grant from HHS that includes a major initiative to increase collaboration between the judiciary and NDHHS in the three most populated counties of the state. Each county has developed very active working collaborative groups that include the judges, DHHS administrators, supervisors and workers, attorneys representing children, parents and the state, CASA volunteers and Foster Care Review Board representatives. These groups are each working on identifying barriers to timely movement of cases through the system and planning system improvements to address the barriers. Each county's group is meeting monthly for several hours at a time and most participants are reporting very positive comments about the value of having people work out system issues together.
- Implementation of the *Collaborations Between Child Welfare Agencies and Court Systems* project in three urban counties of Douglas, Lancaster and Sarpy, through the Court Improvement Project. As referenced earlier in Section II, this project provides for a court-agency liaison who is facilitating groups of juvenile judges, P&S staff, attorneys, FCRB and Court Appointed Special Advocates (CASA) whom are collectively working to address various barriers to permanency (particularly timely adoptions) throughout the child protection court process. The end date for this project is September 29, 2003; therefore comprehensive evaluative data and results of this effort are not currently available.

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- Preparation and issuance of a paper on best practices and written guidelines for use in Family Team Meetings; with implementation of Family Team Meetings for all youth and families within year two of the NFP (July 2002-June 2003).
- Piloting and evaluating a program which would more intensely involve biological, foster, and adoptive families in efforts to achieve permanency for children.
- Analyzing results of the first ICCU model implemented in the Central Service Area and piloting at least one additional Integrated Care Coordination Unit model in Nebraska.
- Implementation of PRIDE foster parent pre-service training program, with its focus on foster and biological parent relationship building, may lead to more timely reunification for children.

6. ***Achievement of Adoption (Point-in-Time Data Element X).** Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.*

The national standard of 32% of children who exited foster care to a finalized adoption in less than 24 months from the latest removal from the home was met in Nebraska in 1999 at 42.8% but not in 2000, with only 17.9% of children discharging to a finalized adoption.

Nebraska's numbers for adoption as a permanency goal have however increased over time, from 249 children in 1999 to 309 children in 2000 and the number of children discharged from state ward status to adoption likewise increased from 138 in 1999 to 179 in 2000. Twice the numbers of children were placed in pre-adoptive homes in 2000 (68 children) over the 1999 figure of 31 children. (All figures taken from the federal PIT Profile.) The NHHSS-P&S Point-in-Time Survey conducted on November 30, 2001 shows that there were 619 wards for whom the Permanency Goal was adoption. This would seem to indicate that Nebraska is making progress toward adoption in general, however the time it takes to achieve finalized adoption is still lagging behind national standards.

Some of the issues and efforts that may be affecting adoption rates and timeframes include:

- (+) Specific training and supportive information has been prepared for judges and attorneys concerning ASFA 15 of 22 months in out-of-home care Termination of Parental Rights requirements – which provided the court with additional information concerning State responsibilities, parental rights, and court TPR orders for children who may be eligible to be freed for adoption. Meetings have occurred with individual judges and groups of judges. Additionally there have been documents and supportive information mailed to Judges for their use in court and understanding of ASFA.
- (+) Incorporation of specific training within the in-service curriculum for P&S staff, emphasizing concurrent planning
- (+) Service Area contracts with local providers to conduct home studies for state ward adoption placements; which has proven to be an effective and time saving measure allowing children to be placed in adoptive homes in a more timely manner
- (+) Douglas and Lancaster counties received funding via LB1041 for county attorneys to assist

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with filing of termination of parental rights petitions. Two Deputy Douglas County Attorneys are co-located with NHHSS P&S staff, which has proven to be a positive experience for both parties, and has resulted in more timely movement of many eligible children to be freed for adoption

- (+) Adoptive parent training (using the Spaulding curriculum) across the state
- (+) MEPA implementation, which broadens adoption opportunities for children
- (+) Increased emphasis on using state and national adoption websites

- (-) N-FOCUS case closure selections may be negatively affecting the counts of cases that resulted in a finalized adoption. Even if the worker selects 'Adoption Finalized' as the case closing reason, the answer that is stored for retrieval is 'Closed Case'. N-FOCUS system experts are presently working on a 'fix' to this data issue and have set June 2002 as the completion date.
- (-) A lack of paternity identification at the onset of the case can lead to delays with TPR filings against the fathers
- (-) Over 50% of the children do not have Permanency Goals recorded in N-FOCUS
- (-) Inappropriate determinations of when TPR should occur; some children are waiting too long for termination when it is known that reunification will not occur.
- (-) Children with serious mental health issues are harder to place, which may have an effect on adoption achievement.

The Eastern Service Area adoption service contracts are viewed as a promising practice. Approximately three and a half years ago, five adoption service agencies serving Omaha and the surrounding metro area approached the local NHHSS office with an interest in helping the State move children into adoptive placements and experience finalized adoptions in a more timely manner. At that time, NHHSS in-house staff were completing all of the adoptive home studies and due to constraints on worker's time, the home studies were backlogged.

The five agencies now individually contract with the Eastern Service Area to complete all of the home studies (pre-, post- and updates) involving adoptive children. Three of the five agencies also hold separate contracts with NHHSS to provide specialized recruitment and support for adoption of state wards within the Omaha area. In these contracts, the agencies handle basically all of the casework for adoptive wards. Approximately 40 children who are free for adoption, but who have high needs or are difficult to place, are assisted annually through the specialized recruitment and support contract. These three agencies have also organized local support groups for adoptive families of children with special needs. Additionally, two of the three contracting agencies are also providing adoptive parent training programs.

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7. ***Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).*** Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.

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I. State Data

The number of children in care 17 of the most recent 22 months in Nebraska was 1,481 children (38.3%) in 1999 and 1,848 (41.4%) in 2000. These percentages are better than the national comparison for 1999 at 52.6% (no federal comparison is available for 2000). Reviewers should note that the federal Point-in-

Time Permanency Profile for Nebraska, and other states, uses 17 of 22 months rather than the ASFA required 15 of 22 months because of an AFCARS reporting system discrepancy.

II. Identified TPR Filing Challenges

In May 2001, during the NFP planning process, the following issues related to conformance with ASFA TPR requirements were identified:

- County attorneys in some areas of the state are still hesitant to file for termination
- Some smaller counties do not have the financial resources for long, involved termination hearings and appeals
- Tribal preferences for long-term kinship care or guardianship over adoption may affect TPR filings in some jurisdictions
- A lack of concurrent planning in some areas for reunification and adoption may extend the TPR timeframe
- P&S staff turnover at the local level has delayed timely TPR in some cases

III. Nebraska Response to ASFA Passage and Initial Conformance Review

Following passage of ASFA in 1997, Nebraska proposed and passed LB1041 on April 15, 1998 to comply fully with the ASFA requirements. A work group consisting of NHHSS, the Foster Care Review Board, Voices for Children, judges, county attorneys, an adoption attorney, the UNL Center for Children, Families and the Law, Nebraska's Ombudsman Office, a number of state Senator's aides, and the Governor's Policy Research Office all participated in drafting LB1041 language. LB1041 added grounds within Nebraska's statutes for termination of parental rights and established situations when reasonable efforts are not required.

Immediate coordination between local P&S staff and county attorneys began following passage of LB1041 to identify and review cases of children who had been in state custody for 15 of the past 22 month period. TPR filing resulted from this process. The Nebraska Court Improvement Project conducted a Court File Review in relation to ASFA requirements that covered the period from November 1999 to March 2000. The review identified a significant increase in TPR filings statewide. The Review report Conclusions state:

"Extrapolations from our sample suggest that over 500 children have had their mothers' parental rights terminated and 400 children have had their fathers' parental rights terminated from the

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original lists of children who had been in out-of-home placement for 15 of the previous 22 months.

** These numbers contrast sharply with those from the time period of 1987-1997 when it was estimated that there had been a yearly average of about 20 TPR trials (1998 Court Improvement Report). Thus Nebraska has seen a surge in TPR trials since the new laws went into effect.*

Further, approximately 375 children have had their mothers voluntarily relinquish their rights and 150 children have had their fathers voluntarily relinquish their parental rights.

Consequently, almost 900 children have been freed for adoption."

* Some of these terminations may have preceded the study review period.

IV. Other Policies, Practices, and Actions Related to TPR Filing

Also as a result of LB1041 passage, funding was allocated to hire additional attorneys in Douglas and Lancaster counties to help NHHSS and courts move children through the P&S system in a more timely manner. Another support to attorneys and courts serving the state ward population was development of the N-FOCUS generated 15/22 Months Report, which local offices are to disseminate to every county attorney on a monthly basis. The report identifies all wards within the applicable court's jurisdiction that are due for Permanency Plan Review hearings.

As mentioned in Section II, within the past year the NHHSS P&S Legal personnel, working with Court Improvement Project personnel, developed a "Suggested ASFA Language for Court Orders" guide. One section of the court order guide deals specifically with hearings required to occur within 30 days of the date at which the child has been in foster care for 15 of the last 22 months. This guide was sent to all judges by the Court Administrator's Office with the suggestion that they use the language for any court orders relation to ASFA requirements.

CFSR Advisory Team members identified that handling of cases through the One-Judge, One-Case practice has helped to streamline adoption, guardianship, and paternity actions. It is believed that this practice has been beneficial to realizing successful TPR filings and reducing the number of TPR appeals. On the opposite side of this, the Advisory Team also noted that in some cases, we might be pushing too hard to terminate parental rights and promote adoption, which could result in increased number of disrupted adoptions.

P&S staff pre- and in-service curriculum was revised in 2000 to accommodate an enhanced focus on case plan and permanency goal development and compliance with ASFA. Part of the training deals specifically with the petition to terminate parental rights when the child is out of home 15 of the past 22 months and when exceptions to this rule may apply.

Effective July 1, 1998, Nebraska statutes were revised to clarify state actions and exceptions related to terminating parental rights:

- Revised Statute 43-1312 states that if after thorough investigation of the case, a child is not likely to be returned to his or her parents, NHHSS will recommend termination of parental rights and referral for adoption, guardianship, placement with a relative, or, as a last resort, another planned permanent living arrangement.

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- Revised Statute 43-292.02 makes provisions for when a petition may be filed and when exceptions apply. Nebraska's law permits TPR filing to occur a) when a child has been a state ward for 15 or more months of the most recent 22 months; or b) when a court determines the

child to be an abandoned infant or has made a determination that the parent has committed murder of another child of the parent, committed voluntary manslaughter of another child of the parent, aided or abetted, attempted, conspired, or solicited to commit murder, or aided or abetted voluntary manslaughter of the juvenile or another child of the parent, or committed a felony assault that has resulted in serious bodily injury to the juvenile or another minor child of the parent. For purposes of this subdivision, infant means a child eight months of age or younger.

43-292.02 (2) does not allow TPR filing if a) the parent or parents of the juvenile are financially unable to provide health care for the juvenile, or b) the parent or parents of the juvenile are incarcerated.

Furthermore, this statute states that a TPR petition *is not required* to be filed if a) the child is being cared for by a relative; b) NHHSS has documented in the case plan a compelling reason

for determining that filing such a petition would not be in the best interest of the juvenile; or c) the family of the juvenile has not had a reasonable opportunity to avail themselves of the services deemed necessary in the case plan or permanency plan approved by the court if reasonable efforts to preserve and reunify the family are required under section 43-282.01.

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8. ***Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV).*** *Using data element XI on the PIT permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort) compared with the total population of children in care (permanency data), identify and discuss those issues.*

The national standard for children in foster care for less than 12 months with no more than two placement settings is 86.7%. Nebraska exceeded the standard in 1999 with 87.6% of children and draws near to the standard in 2000 at 83.5%. Nebraska is very concerned that even one child, especially those age's 0-5 years, is having multiple moves in out-of-home care. This is an issue that will require further exploration, analysis, and a potential change in policy.

The federal profile also shows that 76.7% of children in the first-time entry cohort group in 2000 had two or fewer placement settings, which is slightly worse than in 1999 when 82.6% of the first-time entry cohort population had two or fewer placements. The comparison of the first-time entry population is similar to the total state ward population, with 65.7% of all state wards identified in the Point-in-Time Permanency Profile in 2000 and 78.6% in 1999 with two or fewer placements.

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Recently, the P&S Central Office conducted an analysis of state wards by age and the number of children experiencing four or more placements settings in 1999, 2000, and 2001. This data was analyzed because of the high numbers and the potential negative impact of multiple moves on the children in the state's custody. The vast majority (78%) of wards with 4+ placements are between the ages of 13 and 18 years.

Please note that these are the number of placements wards experience over their entire period of custody – not that they experienced 4+ moves within the single calendar year identified. Some P&S workers have added historical placement information to the N-FOCUS system and others have not, so there may in fact be more cases with four or more placements than what is currently reflected on the system. As we move farther from the date of implementation of the N-FOCUS system and more cases are opened on the child welfare information system, this will be less of an issue.

Statewide Count of Children with FOUR Placements by Age Group and Year					
Year	0-5 Year Old Children	6- 12 Year Olds	13-15 Year Olds	16-18 Year Olds	Total
1999	7	26	38	103	174
2000	47	69	92	161	369
2001	114	179	212	325	830

Statewide Count of Children with FIVE OR MORE Placements by Age Group and Year					
Year	0-5 Year Old Children	6- 12 Year Olds	13-15 Year Olds	16-18 Year Olds	Total
1999	9	19	58	103	189
2000	16	77	140	277	510
2001	73	186	318	505	1,082

The staff that focused on permanence during the NFP planning process and Statewide Assessment Advisory Team identified the following factors contributing to the movement of children in foster care:

- Increased numbers of state ward juvenile offenders requiring multiple placements to address offense and treatment needs
- Increased numbers of children and youth with severe and special needs, e.g. medical issues, substance abuse issues, and psychiatric issues – with fewer foster care providers willing or able to care for these children over an extended time – and an identified lack of community-based resources (medical and mental health care, including substance abuse treatment) on a statewide basis (it was noted that these issues are especially true for older youth)
- Lack of readily accessible personal and financial supports to foster parents to prevent the 'burn-out' factor
- P&S worker caseload sizes may inhibit their ability to spend needed time with foster care providers in face-to-face contact
- Conduct disorder children/youth initially placed in group settings often require a subsequent placement in a more individualized setting in order to meet their needs
- Due to a lack of foster homes overall, appropriate matching of the child and foster caregiver is not always possible, which sometimes results in movement of the child to yet another setting

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- More timely identification of the non-custodial biological parent or other relatives who would care for the child could improve their placement stability
- Lack of transition planning in some cases, which should improve as a result of increased focus on concurrent planning

The data Nebraska submits for AFCARS meets the logic requested by federal HHS to determine when a child actually changes placement type. Some examples of how temporary placements are counted follow:

- 'Trial Home Visits', 'Runaway', and 'Short Term Hospital stays' of less than two weeks are not counted as placement changes.
- A 'Runaway' or 'Trial Home Visit' child who returns to the same foster home is not considered a placement change; however these children who are subsequently placed in a different foster home are counted as experiencing a placement change.
- A child in a foster home setting where the foster family decides to adopt, thus becoming a 'Pre-Adoptive Placement', is not considered a placement change.
- Respite care is not considered a placement change.

9. ***Foster Care Re-Entries (Point-in-Time Data Elements V & XII).*** *Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of the prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.*

The national standard for this indicator of 8.6% was met in Nebraska in 1999 at 3.1% and in 2000 at 3.5%.

Nebraska's N-FOCUS information system identifies children re-entering care noting that they have a subsequent adjudication and removal from the primary caretaker/custodian. The reasons for re-entry are included in the case file when the P&S worker records the new abuse/neglect report or other cause of re-entry at Intake and by the Reasons the Child was Removed functions.

CFSR Advisory Team members stated that we simply do not have enough data to assess positive and negative factors related to Nebraska foster care re-entry rate and request further analysis of the state's data in order to identify issues related to this permanency measure.

10. ***Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI).*** *Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort) and the total population of children in care (permanency), identify and discuss the reasons.*

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Nebraska state wards counted in the federal Point-in-Time Permanency Profile experienced a median length of stay in foster care of 14.8 months in 1999 and 14.4 months in 2000.

Wards identified in the first-time entry cohort group had a median length of stay of 18.6 months in 1999 and no figure was available for the year 2000. The cohort group figure of 18.6 months does not include

children who entered and exited on the same day. Nebraska's data for the cohort group is better than the national medians of 20.30 months in 1999 and 20.17 months in 2000.

We have previously discussed the issue of increased numbers of juvenile offenders as state wards. These youth often experience layered levels of out-of-home placements in order to address their multiple care and treatment issues. It is known that in some areas of the state, juvenile offenders are referred directly to NHHSS-P&S for services – especially in rural areas that lack organized juvenile probation programs. This may affect both the first-time entry cohort and collective state ward length of stay in foster care.

Also discussed earlier is a growing concern regarding the number of children who enter the state's custody due to medical or mental health needs. When parent resources are expended, (e.g. insurance policy maximums are met, insurance policy won't cover mental health treatment, or personal exhaustion

from 24/7 care and supervision of their child), they are often left with a last resort of placing their children in the state's custody so that their child's treatment needs can be met. It is possible that these special needs children and youth remain in out-of-care for longer periods of time due to the chronic nature and severity of their care and treatment needs.

The CFSR Advisory Team identified the following other possible factors that may contribute to a child's extended length of stay in foster care:

- older wards who are "legal orphans" often do not have a supportive family relationship to turn to and therefore may experience longer lengths of stay
- some youth may remain in the state's custody as they transition to adulthood so that they are eligible for the former ward program services once emancipation occurs
- some courts may be tentative about terminating parental rights due to a variety of liability issues, (no identified family to adopt the child, costs to the system to terminate, the potential for appeals), and as a result, children aren't moved to pre-adoptive or other permanent living arrangements as quickly as possible.

Governor Johanns and some legislative members have heightened the focus on developing the mental health care service array across the state. Mental health parity within the state's insurance laws has also been the topic of numerous bills presented to the Unicameral over the past several years. Legislative bill 1277 is presently before the Unicameral, which would allow for voluntary service agreements between parents and NHHSS-P&S for children with serious emotional disorders. The voluntary service agreement would not require relinquishment of parental rights in order for the child to receive needed care and treatment when the parent cannot reasonably financially access those services. The fiscal note attached to this bill is significant and would be difficult to finance in light of state budget shortfall projections. This bill was recently withdrawn by its sponsor but will be considered for re-introduction in the next legislative session.

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An increased focus on serving children and families through a 'wraparound' service approach may help contribute to reduced lengths of stay in the foster care system for some children. Implementation of such programs as the Integrated Care Coordination Units, Multi-Systemic Therapy, and Family Group

Conferencing appears to be helping children and families more quickly identify and comprehensively / concurrently address causes of out-of-home placement.

11. Other Permanency Issues. *Discuss any other issues of concern, not covered above or in the data that affect the permanency outcomes for children and families served by the agency.*

No other permanency issues were identified.

C. Child and Family Well-Being

Outcome WB1: Families have enhanced capacity to provide for their children's needs.
 Outcome WB2: Children receive appropriate services to meet their educational needs.
 Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

1. Frequency of Contact Between Caseworkers and Children and their Families. *Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

Nebraska is currently lacking data regarding the frequency of contact between P&S workers and the children and families they serve. N-FOCUS case files do include contact dates as entered by the worker. At this time, however, it would require individual case file review to reveal frequency.

In May 2001, during the NFP planning process, a group focusing on well-being identified concerns that are addressed in the first two years of the NFP Plan: 1) P&S worker caseloads are too high - resulting in irregular visits with families and youth; 2) family assessments not being completed in a timely manner so that case planning can begin; and that 3) computer work (N-FOCUS data entry) consumes too much time, leaving less time available for family and caregiver contacts. The Planning Group recommended that additional staff be hired (including workers, support staff, and specialists such as staff therapists and Family Support Specialists) to ensure an adequate focus on child well being. The CFSR Advisory Team also identified distance in rural areas of the state as an impediment to more frequent contacts between staff and families.

As mentioned earlier, we are in the process of developing policy and written procedures for worker contacts with wards and families and the timeframes in which these contacts are to occur. Nebraska is aware that simply creating policy does not ensure that the activity is carried out and that the barriers are addressed. There is concern that the policy as developed may be difficult to implement given current

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workload standards. Reference to this activity and a list of categorical responsibilities that will have timeframes established is found at the end of the Safety description within this Section IV narrative.

The CFSR Advisory Team made two recommendations concerning future efforts to assess contact frequency:

1. P&S workers need to provide input regarding the amount of time needed in their work with children and families and to provide guidance regarding an appropriate number of contacts in order to establish a guideline.
2. NHHSS-P&S Central Office needs to establish a written framework, based on worker input, to use in decision-making regarding the frequency of contacts between staff and children and families.

The various Guidebooks, (which provide suggested practice information, but are not policy), that P&S staff use in their work with children and families, (e.g. the Initial Assessment Guidebook, the Case Management Guidebook, etc.), do set general parameters for initiation and completion of certain elements of service. One example of this is found within the Initial Assessment Guidebook, whereby workers are instructed: "In most cases, a case status determination (finding) on the allegations of abuse or neglect should be made within 30 days after contact has been made with the family."

Some P&S responsibilities have timeframes established by national standards (such as placing children in adoptive homes within nine months of the date when the child became free for adoption) or specific laws prescribing timeframes for terminating parental rights, etc. These prescribed timeframes are being included in the timeframe policy currently in draft form within the NHHSS P&S Administration.

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- 2. *Educational Status of Children.*** *Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?*

I. The Data

Data identifying the aggregate educational status of state wards are lacking. Individual child education status is recorded in each child's case file, including identification of any Individual Education Plans or Individual Family Service Plans (for children under age five).

A query of State Ward Educational Program Payments from the Nebraska Accounting System, shows the following break out of payment values, the number of providers, and the number of children benefiting from this resource:

Fiscal Period	Total Payments	# of Providers	# of Children (estimated)
7/1/1997 – 6/30/1998	\$6,774,333.28	56	2,847
7/1/1998 – 6/30/1999	\$19,404,611.61*	51	4,703
7/1/1999 – 6/30/2000	\$9,568,739.29	51	4,965

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* this figure includes a \$9,069,775.07 settlement paid to a provider for a judgment in a lawsuit related to extending child welfare education payments beyond special education to include regular education services in subsequent years.

State Ward Education Program Payments made by provider type reveals the following:

Year	Provider Type	# of Providers	Total Payments
7/1/1997 – 6/30/1998	Residential Treatment Programs	14	\$ 3,352,084.11
	Public Schools	21	\$ 1,798,273.03
	Detention Centers	4	\$ 593,222.56
	Other/Out-of-State	17	\$ 1,030,753.58
7/1/1998 – 6/30/1999	Residential Treatment Programs	11	\$15,884,277.90
	Public Schools	19	\$ 1,724,083.09
	Detention Centers	4	\$ 942,419.27
	Other/Out-of-State	17	\$ 853,831.35
7/1/1999 – 6/30/2000	Residential Treatment Programs	10	\$ 5,395,802.59
	Public Schools	17	\$ 2,151,691.77
	Detention Centers	4	\$ 914,955.84
	Other/Out-of-State	20	\$ 1,106,289.09

II. Educational Services Policy and Practices

Nebraska Administrative Code (390 NAC 10-000) states policy related to the Educational Funds for State Wards Program. This policy describes eligibility for payments of regular or special education needs of children between the ages of five and 18 who are wards of any court or department of the State, including wards whose placement type is an institution – such as county detention centers, or inpatient psychiatric hospitals. Payments made for disabled wards requiring special education services and speech or physical therapy are based on the approved rate established by the Department of Education. Additionally, transportation costs are reimbursed to the placement caregiver when travel is necessary from the placement setting to the child's regular or special education center.

Procedures that P&S workers follow to conform to this policy are identified in the Education Fund for State Wards Program Guidebook. The NHHSS Finance and Accounting Division determines child eligibility for financial assistance through this program with assistance from the P&S worker assigned to the case. All payments are made directly to the public school district or residential education programs.

Educational planning for children involved in Special Education services is the primary responsibility of the public school district. When parental rights are intact, the parent should be involved in the educational planning to the fullest extent. If the parent is unable to be involved due to absence, incapacity, inability, or lack of parental rights, a surrogate parent will be appointed by the school district.

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As part of the Case Plan development process, P&S workers assess the child's educational strengths and needs and work with the family, school, special education providers, and the child (when age appropriate) to maintain positive connections to the child's educational community whenever possible.

III. Identified Challenges and Initiatives to Improve Educational Services

An area of concern, noted during the NFP planning process by the group focusing on well-being, is inadequate support by the educational system to state wards, especially youth with special needs

(educational, behavioral, developmental, etc.), and in special circumstances such as when a child is in emergency shelter, moves mid-semester, etc. Steps have been taken to address this concern. The NFP documents an initiative to improve communication channels between P&S and school personnel in each NHHSS Service Area: "*Service Area Management staff will set a meeting on at least an annual basis with administrative staff from each school district within the Service Area*". One example that has already occurred in Lincoln includes a meeting held between the Service Area management and the Lincoln Public Schools Student Affairs and Special Education Director in August 2001. As a result, five schools within the Lincoln School District were targeted for quarterly meetings between a P&S Supervisor and those five school principals. Other Service Areas have also initiated contact with schools and Educational Service Units in their regions.

The CFSR Advisory Team noted a concern that multiple placements for wards result in gaps in the child's education. One activity to address this concern involves creation of the Multi-Agency Educational Task Force for State Wards in 1997. Members of the Task Force include representatives from the University of Nebraska-Lincoln, public schools, several divisions of the Nebraska Department of Education, the Nebraska Crime Commission, out-of-home placement providers, county operated detention centers, and NHHSS – P&S. The Task Force initially met monthly to address concerns related to the merger of five state agencies and legislated changes that focused on community based juvenile services.

In examining the system of educational services for state wards, the Multi-Agency Educational Task Force found that many good things were happening, but that the multitude of education-related policies, practices, plans, assessments, etc., which varies from agency to agency, were redundant and in some cases contradictory. Recommendations of the Task Force revolve around building on the positive elements of each agency's protocols:

- 1) Share information and provide training to foster understanding among the agencies, requirements and components of the system serving children in out-of-home placements.
- 2) Create an ongoing multi-agency advocacy council for state and court wards to continue to analyze the system and identify ways to improve and coordinate services, serve as a problem-resolution group, coordinate common training, and monitor the implementation of activities and recommendations of this Task Force.
- 3) Address long-standing issues about education and information sharing.
- 4) Recognize programs that work in schools, agencies, and placement settings through dissemination of 'promising practices' at conferences, training, via websites, etc.
- 5) Through training and financial support, promote the model protocol for assisting these children and youth to transition between placements and schools.

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3. ***Health Care for Children.*** *Examine any data the State has available regarding the provision of health care, including EPSDT, to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

N-FOCUS collects health care utilization information in each case file, however we have not completed a collective analysis of health care utilization for all children in care. In addition to the unavailability of hard data to respond to this well-being indicator, another deficiency noted here is the inability to measure statewide effectiveness in achieving health care service compliance with Nebraska policy.

NHHSS-P&S is presently working to retrieve the Medicaid enrollment and utilization data among state wards information. It is anticipated that this data will be available in mid-April 2002.

At the time of initial intake and assessment P&S workers determine the child's physical health status and care needs. Immediate health concerns are identified in consultation with the parent or other caregiver and the child's primary health care provider, if available. Referral and linkage to a health care

professional is made by the worker on an as needed basis. N-FOCUS supports the worker's efforts to determine child eligibility for Medicaid and the State Children's Health Insurance Program (CHIP), referred to as Kid's Connection. The CFSR Advisory Team made a recommendation that N-FOCUS should develop the capability of initiating a worker alert for periodic follow-up for children with serious medical conditions.

Copies of the child's current medical records are a required element in case files for all children in the state's custody. A thorough description of Nebraska policies and practices related to assuring health and safety in foster care placements was described in Section II – Systemic Factors, Part C. Quality Assurance System, subparts II. *Effectiveness Summary of Assuring Health and Safety in Foster Care Placements* and III. *Policies and Practices Related to Health and Safety Standards in Out-of-Home Placement (beginning on page 22 of Section II)*. To avoid redundancy, we respectfully request reviewers to refer back to that section for a detailed description of Nebraska policy and practices that mandate the types and timeframes in which each child's health issues are to be addressed. Nebraska policies clearly state the health care service requirements that each child is entitled to receive while in the state's custody.

In an effort to assure physical health needs of state wards, several activities have been identified and implemented through the Nebraska Family Portrait planning process:

- 1) N-FOCUS utilizes a system alert to notify Public Health Nurses, Medicaid division staff, and P&S workers when a physical health exam is needed, when exams are completed, and when follow-up is required in accordance with P&S policy.
- 2) Strategies to increase the number of dentists able to serve the dental health needs of state wards are being devised in conjunction with Medicaid efforts to accomplish the same.
- 3) Service Areas will identify needs and an implementation strategy for using telemedicine/telehealth capacities for state wards with special health care needs.

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Activities numbered 2) and 3) above respond directly to this State's overall shortage of health care professionals, which has been discussed earlier in this document. Medical Health, Dental Health, Health Care Specialists (pediatric, oncology, etc.) and Mental Health care professional shortage areas can be found virtually anywhere in the state. Even in metropolitan areas where the majority of professionals are located, the federal Health Resources Services Administration has designated shortages in certain census tracts (neighborhoods) and for specific population groups – such as low-income, Native Americans, etc.

Nebraska provides Medicaid services for eligible children and adults under 1905(r) of the Social Security Act. Children who are state wards are eligible for Medicaid payments for their medical and mental health and substance abuse treatment services. Families of the children who are wards, may be eligible for Medicaid based on their income. When children are returned home, Medicaid is an important support service for the child and the family. There are two payment methods: Fee for Service and Managed Care. Fee for Service is a payment system based on units of service delivered. NHHSS has contracted with vendors to manage the care of the majority of the Medicaid population. Services are provided in the least restrictive, community-based setting to meet the needs of the child.

Nebraska is also working on a plan for a Health Care Passport for state wards. Other states, such as California, have used a Passport with great success. The concept of the Passport is to have a single source for significant medical information for the child, which accompanies a child throughout their involvement with NHHSS-P&S. The Passport could prevent duplicative medical exams and help assure that the child receives necessary routine medical care. It also could alert family or other caregivers to any medical conditions or allergies the child might have.

4. *Mental Health Care for Children.* Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Nebraska's Point-in-Time Surveys conducted on November 30, 2000 and 2001 revealed the following mental health diagnosis among state wards in out-of-home care on that date: (note that some diagnosis terms were different between years, a dash (-) is used to indicate when this discrepancy occurred)

Diagnosis (duplicated)	2000 (#)	2000 (%)	2001 (#)	2001 (%)
No diagnosis	1,946	41.7%	2,085	44.1%
Depressive Disorder	714	15.3%	685	14.5%
Oppositional Defiant Disorder	687	14.7%	852	18.0%
Conduct Disorder	615	13.2%	669	14.1%
ADHD/Disruptive Behavior Disorder	606	13.0%	675	14.3%
Anxiety Disorder	521	11.2%	-	-
Post Traumatic Stress Disorder	-	-	520	11.0%
Adjustment Disorder	372	8.0%	484	10.2%
Substance-Related Disorder	450	9.6%	-	-
Drug Abuse	-	-	476	10.1%

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Alcohol Abuse	-	-	330	7.0%
Mental Retardation/DD	217	4.7%	-	-
Bipolar/Mood Disorder	169	3.6%	164	3.5%
Source: NHHSS, P&S Division, Point-in-Time Survey of Nebraska Children & Youth Placed in Out-of-Home Care on November 30, 2000 and 2001, Table 1.				

While there has not been specific data to support this perception, CFSR Advisory Team members commented that there is a perception in Nebraska that children are being placed by parents into the

custody of NHHSS in order to access the mental health and substance abuse services their child needs. It is recommended that, to the extent possible, further analysis of this possibility occur so that additional actions to remedy the situation can be pursued.

One of the problems identified with the mental health care system in Nebraska is a lack of community-based resources available to low and moderate income parents for their children. Many of these parents report that they involve their children in the child welfare system in order to access funding for services. During the current legislative session, LB1277 was introduced to allow parents of children with mental illnesses who are not currently eligible for Medicaid or the Nebraska Kid's Connection, to receive mental health and other supportive social services without relinquishing child custody to NHHSS. Although its sponsor withdrew the bill, it is likely that further study will occur before the next legislative session so that the concept can be reintroduced.

Another concern identified by CFSR Advisory Team members is that mental health evaluations involving state wards are not always being completed in a timely manner. A recommendation to include a policy timeframe for completion of mental health evaluations was made by team members. Completion of mental health assessments early in the life of a child welfare case, and regularly thereafter, would promote safety for the child and others, would help to assure that appropriate placement decisions are made for out-of-home care, and would support the child's needs for medication management and counseling.

Within each Service Area, a Medicaid Managed Care Liaison has been appointed to help identify and address managed care issues surrounding the care of state wards. The Service Area liaisons participate with P&S Central Office personnel and the managed care contractor in monthly telephone conference calls. Through this process, common system related problems that are occurring across the state are brought to the attention of the managed care contractor and recommendations for improvement are discussed.

Nebraska makes a significant financial investment in both the physical and mental health care of state wards. When Medicaid or other resources are not available to a ward, and in some cases, to their parents, State Ward Medical Funds may be used. These funds may cover services that are necessary to keep the family intact, or to promote more timely reunification. Even among Medicaid eligible wards, there are services that are ineligible for Medicaid payment, such as the transportation costs of therapists to provide in-home therapy. NHHSS views in-home therapy as an essential service for children and families, and in light of the critical shortage of health professionals and the distance that families must travel to access these services, state ward medical funds are used to support the service. There are numerous other scenarios of physical and mental health services for which Medicaid or other financial resources are not available, and state funds are required to assure the appropriate level of care is made available.

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Nebraska has made strides in the past few years to improve mental health services for children and families. NHHSS funds outpatient treatment and it also continues to fund and expand middle intensity services including day treatment, respite care and wraparound service approaches.

Through a collaborative effort between children's behavioral health and NHHSS, pilot programs have been developed in two areas of the state. Central Service Area and Lancaster County juvenile offenders

have benefited from these initiatives. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) fund both projects.

NHHSS also organized a meeting of family members from across the state to identify support functions for families and children with serious emotional disorders. This meeting resulted in a Request for Proposals issued for family organizations in each of the six mental health regions to provide systems and individual advocacy, information, referral, outreach, and assistance with program evaluation and cultural competence. The six regional family organizations have developed a statewide family organization called the Nebraska Federation of Families for Children's Mental Health.

A Governor's Symposium on Early Childhood Mental Health was held in May 2001. At this two-day meeting, family members, providers and policy makers laid out the challenge for a comprehensive, integrated and coordinated system of care to meet the mental health needs of Nebraska's youngest children. The Early Childhood Mental Health Work Group has been developing an action plan to develop

a system that is child-focused and family-centered, culturally responsive, community-based, and committed to continuous improvement.

Medicaid Mental Health and Substance Abuse Services for Children and Adolescents ages zero to 20 years are provided within the following categories:

- Outpatient Mental Health and Substance Abuse Treatment Services
This includes evaluation by a supervising practitioner, a psychiatrist, or a psychologist; individual, group, and family psychotherapy; individual, group and family substance abuse counseling; family assessment; conferences with the family or other responsible persons; mileage for home-based family therapy or family counseling; mental health, home health, and personal care services; medication checks; treatment crisis intervention services, including non-residential crisis intervention, day residential crisis intervention, and residential acute crisis intervention
- Residential Mental Health and Substance Abuse Treatment Services
Residential services in Nebraska include treatment foster care services; treatment group home services; residential treatment services for children; crisis residential services; and inpatient mental health services.

The mental health and substance abuse treatment providers identify the treatment needs for a child and make recommendations for services to the P&S worker. The P&S worker, managed care vendor, and

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treatment providers' work to locate a treatment service for the child. The P&S worker, in the role of guardian, and the parents, are members of the treatment team. They are involved in treatment planning and discharge planning for the child based on the family's permanency plan.

A Nebraska Substance Abuse Treatment Task Force was formed through LB865 in the 1999 Legislative Session. Members included State Senators and representatives from the Governor's office, HHS, Corrections, Probation, Parole, the U.S. Attorney's Office and a school representative. The group was

charged with examining issues surrounding substance abuse within the criminal justice system for both adults and juveniles. The Task Force issued a Final Report in January 2000 that provided the following Key Statements resulting from their work:

"Thirty to 40% of juvenile arrestees and 65-80 percent of juvenile offenders in the youth rehabilitation and treatment centers need substance abuse treatment compared to only five percent of the general juvenile population. Based on estimates of need among juvenile offenders, an estimated 6,147 to 8,196 juvenile arrestees needed some level of substance abuse treatment in 1997."

"In Fiscal Year 1999/2000, the total amount of substance abuse treatment dollars in Nebraska was \$19,702,702. Of these dollars....one percent was specifically allocated to the juvenile justice system (via the Office of Juvenile Services.)"

"Limited system accountability, inconsistent communication and collaboration, inadequate resources, a limited number of certified counselors, minimal provision of any level of treatment services, and inconsistent assessment and treatment exit as primary barriers to effectively addressing chemical dependency in Nebraska's criminal and juvenile justice systems."

The Substance Abuse Task Force continues their work to date, acting as a coordinating body to address substance abuse issues via development and implementation of statewide strategies for treatment, best practices, training and certification of counselors, accessing additional financial resources, and building partnership among stakeholders.

5. Other Well-Being Issues. *Discuss any other issues of concern, not covered above or in the data that impact on the well-being outcomes for children and families served by the agency.*

Other Well-Being Concern Noted by Advisory Team Members

Rural Service Availability/Accessibility ~ CFSR Advisory Team members emphasized the limited availability of services for children and families in rural areas of Nebraska. Having too few providers in rural Nebraska results in great distances for families to travel in order to receive the help and services needed to address well-being issues. This may lead to delays in obtaining services that would prevent NHSSS involvement, as well as delaying reunification efforts once a child enters NHSSS custody.

Other Well-Being Promising Practices Not Noted Elsewhere in the Document

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Other projects/activities not covered above, but worthy of note as promising practices in Nebraska's efforts to promote child and family well-being include:

Nebraska Improv: Youth Health Promotion through Improvisational Theater ~ Improv is a peer-led health promotion tool designed to raise awareness, and generate discussion and solutions, to a variety of health issues facing young people in Nebraska. The project's goal is to decrease health risk behaviors in Nebraska adolescents. Nebraska Improv Teams exist in 47 communities across the state. State wards are

involved in this project in many locations. Some favorable impacts of the project on youth include: feeling part of a team, feeling safe and at ease, able to speak freely, team-decision making skill building,

relationship with an adult advisor, conflict resolution, etc. This program has been used with state wards at the Geneva Youth Rehabilitation and Treatment Center with female juvenile offenders and at the Lincoln Regional Center's program for youth with mental illness requiring inpatient or residential care.

The Nebraska Friends of Foster Children Foundation is a public/private partnership that was organized by FCRB staff and local review board volunteers as a result of their concern for the well-being of children and youth in out-of-home care. The Foundation serves as a means for foster parents to acquire financial assistance or materials to provide foster children with normal childhood experiences, when other resources are not available. Some examples of this assistance include payment for music lessons, senior pictures, graduation announcements, first apartment furnishings/household supplies for youth aging out of the system, etc. NHHSS has recently developed a contract with the Foundation to administer the distribution of \$25,000 in Chafee Foster Care Independence Act funds to youth in foster care or formerly in foster care for independent living needs. NHHSS also helped the Foundation finance the development of a website.

Utilization Management ~ Beginning in 2000 the Service Areas developed strategies to carry out a utilization management and review process for youth in the highest end of the continuum for the P&S system in out-of-home care. One tool that is used in conjunction with other strategies is the Child and Adolescent Functional Assessment Scale (CAFAS), developed by Dr. Kay Hodges of Detroit, which is used by P&S staff in many areas of the state to assess each youth's level of risk. The tool helps determine the child's/youth's placement and case plan needs based on several categories of assessment: school/work/home/community/behaviors/substance use/etc. The tool then scores the risk, which provides direction for targeted services to best meet the needs of the youth.

Youth Development ~ Nebraska P&S is in the fourth year of a five-year USHHS - ACYF grant project designed to foster youth leadership and development. Youth are viewed as an untapped resource in efforts to promote economic development. Activities within this project are designed to build young people's capacity to become involved in the democratic process and to be contributors to decision-making processes at community and statewide levels.

Some of the activities of the project include:

- Four Tribal Youth Councils were organized to contribute to Tribal and statewide decision-making, which affect young people. These councils also complete community development

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projects and collectively meet on a statewide basis to discuss common issues and make recommendations for change. As a result of their efforts, a Native American Youth Conference is slated for the summer of 2002.

- A partnership with the Nebraska Rural Development Commission has enabled creation of a NebraskaYouth.com web site.
- Issuance of Request for Proposals to build youth leadership councils in four more sites across the state.
- Oversight of the Governor's Youth Advisory Council, which involves up to 30 youth age's 14-19 years from diverse backgrounds across the state. Youth on the Council are learning about government and decision-making processes at the state level. Council composition includes youth in out-of-home care.

Casey Foster Care Youth Councils ~ A funding proposal was prepared and submitted to the Jim Casey Foundation for consideration and is a direct response to the HHS Director's request that state wards have more of a voice in decision-making regarding their care and service needs. The project is a partnership between NHHSS-P&S and the Nebraska Children and Families Foundation. The Casey Foundation has determined that they will fund Nebraska's efforts to include the development of Foster Care Councils in each Service Area. The Nebraska Children and Families Foundation has hired a Program Coordinator for this initiative who begins May 13th. The youth on the councils will be 14-24 years of age (currently or formerly in foster care) and will provide valuable input to HHS regarding the foster and out-of-home care system. Nebraska is being named as one of the 15 Youth Board sites to be funded by the Jim Casey Foundation in 2002. An initial third of the funding will be received in May of 2002.

Section V-State Assessment of Strengths and Needs

Based on examination of the data in section III and the narrative responses in sections II & IV, the State review team should respond to the following questions.

- 1. What specific strengths of the agency's programs has the team identified?*

Systemic Factor Strengths

- Development, implementation, and frequent progress evaluation of the Nebraska Family Portrait as a guiding plan for addressing Protection and Safety issues statewide
- NHHSS-P&S has established many collaborative relationships with other entities (both public and private) to strengthen services for children and families
- Communication between NHHSS and service providers has been focused on and improved
- Numerous promising practices have, and continue to be, implemented for the benefit of children and families
- The continuum of care is becoming more complete; use of the wraparound approach is being expanded

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- More attention is being given to individualized services based on the unique needs of each child and family
- Supports for foster and adoptive caregivers are increasing
- There is and increased awareness that cultural differences inherently affect outcomes for children and families involved with the NHHSS-P&S system
- Nebraska's use of a risk assessment tool and safety plan

Safety Strengths

- The initial assessment process has improved; higher substantiation rates may reflect this improvement
- Development of Child Advocacy Centers
- Low numbers of child fatalities may indicate that law enforcement and NHHSS are appropriately responding to abuse and neglect reports

Permanency Strengths

- The length of stays in emergency shelter are decreasing
- More attention is being given to kinship care and the proportion of children in relative foster homes is increasing
- Procedural implementation of ASFA is good
- Nebraska is lower than the national average for children in care for 17 of the past 22 months
- Several efforts are underway to promote more timely reunification

Well-Being Strengths

- Communication has increased between NHHSS-P&S and educational entities
- Planning for implementation of a Health Care Passport program has begun
- State funds may be used to help parents obtain health services, including mental health and substance abuse treatment, when other resources are not available, as a means to keep families intact and/or promote more timely reunification
- Numerous other promising practices are being implemented to address well-being issues

2. ***What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.***

Identified Needs within Systemic Factors

- P&S worker case load sizes and staff turnover issues continue to be a concern
- Disproportionate representation of minority children in HHS custody

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- An inadequate services array exists in some areas of the state (capacity issues or the right mix and/or services)
- Timeliness of completing family assessments and case plans needs to occur
- Collection and utilization of system-wide data
- Merger issues between Child Welfare and the Office of Juvenile Services
- Serving children and families of diverse cultural and linguistic backgrounds in a competent manner

Safety Concerns

- The response time from initial abuse/neglect report intake to investigation
- Timeliness of mental health evaluations and medication checks for children and youth on psychotropic medications

Permanency Concerns

- The number of children in institutional placement settings

Well-Being Concerns

- Need for improved child assessment, treatment availability and access, and medication management

3. Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?

Nebraska has had an opportunity to review the data related to safety and permanency to assist in selecting the two additional sites for the on-site review. Based on an internal review and in collaboration with the regional and central office staff of ACF a decision has been made to include Dawson County (Lexington) and Madison County (Norfolk) as the two additional sites.

DOUGLAS COUNTY – Omaha

Omaha is located in northeast Nebraska along the Missouri River. Interstates 80, 480 and 29 surround the city. Omaha is 58 miles northeast of Lincoln. It has a population of 390,007 and ranks as the nation's 42nd largest city. Within a 50 mile radius of Omaha resides a population of over one million.

When compared to the averages for the state as a whole, the highlights of the data for Douglas County include the following:

- ◆ Low number of CA/N reports investigated based on the number of reports received.
- ◆ Higher number of CA/N reports that are 'screened out'.
- ◆ Substantiation rate is greater than other offices and yet recurrence remains low.

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- ◆ High % children having only one placement setting.
- ◆ High % children having only one removal.
- ◆ Longer median length of stay in foster care.
- ◆ Longer length of time to achieve reunification.
- ◆ Longer length of time to achieve adoption.
- ◆ Longer length of time to achieve guardianship.
- ◆ Low % children reunified in less than 12 months.
- ◆ High % of children in care for less than 12 months who have had no more than 2 placement settings.

DAWSON COUNTY-Lexington:

The city of Lexington is located in Dawson County in south central Nebraska, 162 miles west of Lincoln and 220 miles west of Omaha. The population of Lexington at the time of the 2000 census was 8,976.

When compared to the averages for the state as a whole, the highlights of the data for Dawson County includes the following:

- ◆ Low # of cases disposed
- ◆ High # of minority children in the general population
- ◆ High % of children in out of home care are minorities (38%)
- ◆ Low # of children in foster care
- ◆ High # of children at home
- ◆ High # of children in pre-adoptive placements
- ◆ Lower % of CA/N intakes as compared to the population
- ◆ High % of children with a goal of reunification
- ◆ High % of children with a goal of guardianship
- ◆ High % of children in 3+ placement settings
- ◆ Low # of children with one removal
- ◆ High # of children with 2+ removals
- ◆ Lower median length of stay foster care
- ◆ Longer length of time to achieve adoption
- ◆ Shorter length of time to achieve reunification
- ◆ Higher % of children that are reunified within 12 months
- ◆ Higher % of finalized adoptions in less than 24 months
- ◆ Higher # of children in foster care less than 12 months that have had more than two removals

MADISON COUNTY-Norfolk:

Norfolk is located in northeast Nebraska in the Elkhorn River Valley of Madison County. U.S. Highways 81 and 275 and Nebraska Highways 24 and 35 intersect in Norfolk. Norfolk is 112 miles northwest of Omaha, 121 miles north of Lincoln, and 75 miles southwest of Sioux City, Iowa. The population of Norfolk is 23,516.

When compared to the averages for the state as a whole, the highlights of the data for Madison County includes the following:

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- ◆ Low # of cases disposed
- ◆ High # of active cases
- ◆ High # of Native American children in the general population
- ◆ High % of minority youth in out of home care (29%)
- ◆ Lower use of foster care
- ◆ Lower use of trial home visits
- ◆ Higher % of children with a goal of reunification
- ◆ Higher % of youth with a goal of independent living

- ◆ Higher % of children with a goal of guardianship
- ◆ No guardianship achieved
- ◆ Higher # of children with 3+ placement settings
- ◆ Lower # of children with one removal episode
- ◆ Higher # of children with 2+ removal episodes
- ◆ Shorter length of stay in foster care
- ◆ Longer length of time to achieve adoption
- ◆ Longer length of time to achieve reunification
- ◆ Higher % of children reunified within 12 months
- ◆ Lower % of children with adoptions finalized in less than 24 months
- ◆ Lower # of children in foster care less than 12 months that have had no more than two removals

4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.

Stakeholders in Protection & Safety have participated in a number of studies and work teams over the last several years in both the areas of child welfare and juvenile services. During the strategic planning process, known as the Nebraska Family Portrait, HHS staff reviewed the recommendations of these groups to develop the plan. Nebraska has also been able to build on these past efforts when designing and implementing the process for completing the Statewide Assessment.

The completion of the Statewide Assessment instrument has been a very participatory effort. Convening of the Advisory Team proved to be an efficient and effective method of garnering input from a diverse group of stakeholders. It has been an open and honest process, resulting in a good balance of strengths and concerns related to the Nebraska system of addressing child welfare issues. Participants, both internal

and external to the state agency, have expressed satisfaction with the results of this effort, citing the fact that now a comprehensive description of the Protection and Safety system will become a baseline measure of efforts to continuously improve services for children and families.

The Advisory Team process was designed to critically and openly evaluate the P&S system. Despite the critical review, the positive comments far outweighed any negative perceptions or findings. Promising practices were identified in virtually every area examined. Team members continuously reflected on strengths of the system and requested inclusion of examples of these strengths throughout the document.

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Nebraska held closely to its original timeframe for completing this phase of the CFSR, thanks in part to the timely analysis of data that the state re-submitted to the federal HHS office for updating of our federal Data Profiles. Another reason that we were able to adhere to our timeframe was that Advisory Team members were obviously committed to the process. The Advisory Team met on four occasions and members were asked to review materials outside of the Team meetings. The meetings were well attended and this included participants from all areas of the state. Members provided a wealth of information, current data, and a significant investment of their time away from other responsibilities to review and re-review this document several times.

As far as any recommendations for revision to this process, we experienced a struggle in trying to discern how much 'descriptive' information of the P&S system to include. The purpose of the Statewide Assessment document is clearly to assess and evaluate the efficiency and effectiveness of the system to address the safety, permanency, and well-being of children and families served. That is difficult to do without explanations of what exists and it was often challenging to know where to end the 'descriptive' information.

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5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).

CHILDREN & FAMILY SERVICES REVIEW ADVISORY TEAM MEMBERS

AREA REPRESENTED	MEMBERS
Office of Protection & Safety	Margaret Bitz, Craig Erickson, Sherri Haber, Chris Hanus, Glenn Ogg, Todd Reckling, Katie McLeese Stephenson Dawn Swanson
Protection & Safety and Facility Administrators	Kathy Carter-Western Service Area Carolyn Thiele-Eastern Service Area
Protection & Safety Unit Administrators & Supervisors	Lindy Bryceson-Eastern Service Area Sharon Hjorth-Central Service Area
Resource Development Administrators & Supervisors	Marylyn Christenson-Central Service Area Terri Farrell-Western Service Area
Youth Rehabilitation & Treatment Centers (YRTC's)	Dan Scarborough, YRTC-Geneva
Nebraska Children and Family Foundation	Mary Jo Pankoke
Families Federation	Linda Liebendorfer, Kellie Mercer, Suzanne Young
Commission for the Protection of Children	Gary Lacey
Nebraska Foster and Adoptive Parent Association (NFAPA)	Mary Burt, Carol Mastne, Tammy Nelson
Children & Family Coalition of Nebraska (CAFCON)	Mary Fraser Meints
Foster Family Treatment Association (FFTA)	Mick Klein
Nebraska Association of Behavioral Health Organizations (NABHO)	Pat Connell
Nebraska Association of Homes and Services for Children (NeAHSC)	Cindy Ryman Yost
Nebraska Department of Education	John Clark
Foster Care Review Board	Carol Stitt, Linda Cox, Heidi Ore
Voices for Children	Kathy Moore
Judiciary	Honorable Douglas Johnson, Douglas Co.
Court Improvement Project	Vicky Weisz, Center on Children, Families and the Law
Tribal Representation	John Penn
Univ. of Nebraska- Public Policy Center	Alan Tomkins

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Advisory Team members with roles and responsibilities beyond general participation in the process include:

Statewide Assessment Coordinator, Advisory Team Facilitator:

Katie McLeese Stephenson, Operations Team Administrator, Office of Protection & Safety

N-FOCUS and System Specialists:

Margaret Bitz, Out-of-Home Team Administrator, Office of Protection & Safety

Craig Erickson, Program Specialist, Office of Protection & Safety

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Office of Protection and Safety Co-Administrators:

Dawn Swanson, Administrator, Office of Protection & Safety

Chris Hanus, Deputy Administrator, Office of Protection & Safety
